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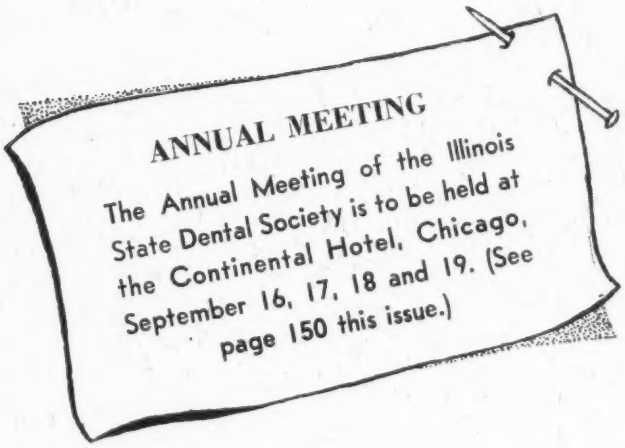
ANNUAL MEETING
The Annual Meeting of the Illinois State Dental Society is to be held at the Continental Hotel, Chicago, September 16, 17, 18 and 19. (See page 150 this issue.)

Volume 15 Number 4

April, 1946

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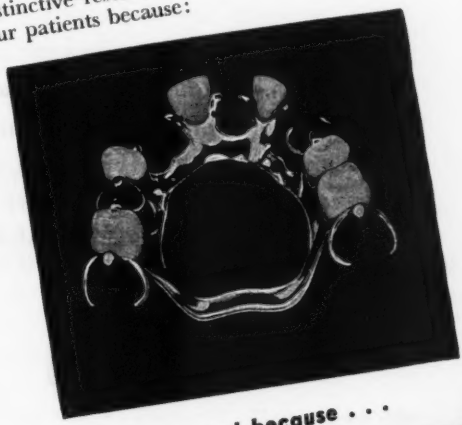

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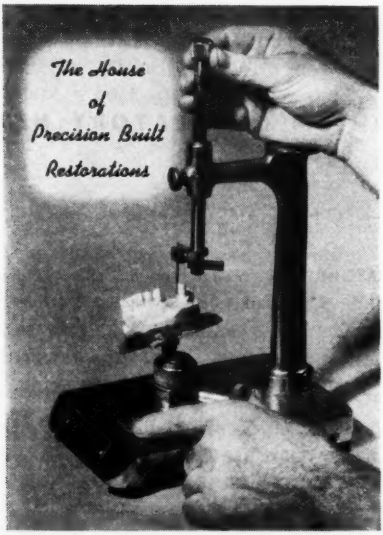

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Procurement and Assignment Ends*

The Illinois State Dental Society Extends Thanks To:

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Chairman 1942-1944

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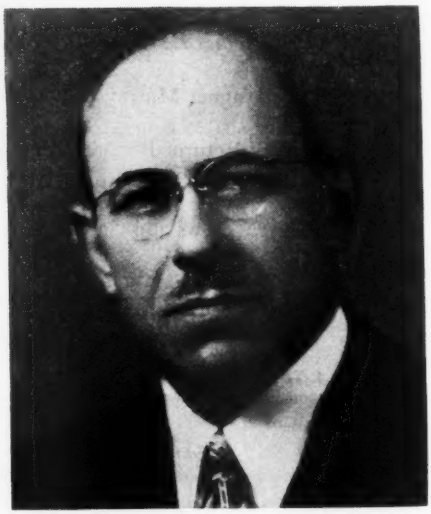
Chairman 1944-1946



*See page 150.

ILLINOIS
Dental Journal

VOLUME 15 APRIL, 1946 NUMBER 4

The Dental Service at Mayo General Hospital

The Dental Service in a General Hospital Zone of the Interior is one which renders a complete and intelligent professional service to the wounded soldier in conjunction with his medical treatment; the object is to return him to as normal a physical condition as is possible in the shortest time necessary. This condition is achieved by elimination of foci of infection, restoration of remaining carious teeth and finally restoration of missing teeth by whatever prosthetic procedure is indicated. This service helps his function of mastication, aids his medical treatment and by improving esthetics raises his morale and gives a lift to his complete reconditioning program.

The fact that the patient has sacrificed his utmost for his country stimulates the dental officer to give the best of his ability and skill; care in technique and procedure, patience and consideration are essential in the management of a patient physically and mentally ill and are but slight repayment for the debt owed him.

The dental department is an integral part of the hospital service and thus may avail itself of consultation with the Medical and Surgical services, facilities of the X-Ray, Clinical Laboratory, Physiotherapy and EENT departments. The dental department also furnishes consultation to these other departments. Being a permanent installation, it has been furnished with the best equipment necessary to render a complete service.

Dental personnel can be selected to give specialized care and training to the various departments of operative, prosthetics and oral surgery. There is, by necessity, a Chief of Service who is intelligently qualified in all departments as well as having the administrative ability to coordinate the dental service into the medical treatment of the patient. This affords efficient care during hospitalization and makes it possible to finish the dental treatment in advance of discharge from the hospital. This fact is important because the admittance rate is very high at this time making beds scarce so patients must not be held over for dental treatment. Owing to confinement in bed, medical tests and convalescent leaves, the available time for dental treatment is short and must be efficiently used. To check this several controls are instituted as follows:

1. All patients are examined within 24 hours of admittance either in the clinic cr on the ward.

2. Indicated treatment time of patients controls priority of dental treatment.

3. Dental release is required in the medical record before disposition or furlough of the patient.

The progress of work through the clinic is as follows:

A complete mouth examination in conjunction with bite wing and full mouth X-rays is made and charted on the patient's dental record, form No. 79. Upon this examination, with consultation of the Oral Surgeon and Prosthodontist, a diagnosis and course of treatment is determined.

Prophylaxis Given

A thorough prophylaxis by the dental hygienist is given each patient; next the elimination of foci, such as periodontal disease, apical infection and residual roots and cysts as well as extraction of teeth, alveolectomy or removal of bony growths is accomplished by the Oral Surgeon. All phases of minor oral surgery must be done by the Oral Surgeon who is supplied with the latest equipment available, with sterile instruments and surgical practice and helped by competent, well-trained assistants. Complete cooperation exists between this department and the prosthetic department with due caution considered as to conservatism in the age group handled.

The carious teeth are then restored with whatever material is indicated; silicates, amalgam or cast gold inlays are used with a thoughtful consideration to the restoration of proximal contact, occlusion and anatomical form. A large percentage of this work is accomplished under local anesthesia.

Lastly, missing teeth are restored by the insertion of whatever type of prosthetic appliance is indicated. Fixed and fixed-movable bridges are constructed with the correctly indicated abutments and advisable pontic construction. Cast occlusal or full cast gold crowns as well as acrylic jacket crowns are constructed. All types of partial dentures are inserted where indicated, whether they are wrought clasp with soldered rest, cast clasp and acrylic saddles, cast skeleton, or full cast cases. All metals after fabrication are correctly heat treated to restore their requisite properties.

Many splints of the cast occlusal type are used. These are planned after consultation with the orthopedic surgeon. They serve in the dental therapeutic treatment of injuries to the temporomandibular articulation caused by trauma or infection wherein correction of vertical dimension or condylar position is necessary.

Full denture construction is accomplished with due consideration of indicated impression technique and materials as well as accepted procedure to attain a functionally balanced, retentive and esthetic appliance. Immediate dentures are used wherever indicated as a means of affording the patient an uninterrupted masticatory apparatus.

Excellent Laboratory

At Mayo General Hospital an ideal laboratory with all the equipment to correctly construct prosthesis and handle all materials used in fabrication is maintained. All the assigned technicians are skilled in the specific departments of that laboratory.

Aside from the routine prosthesis, various other types of work are done. Splints for fracture cases, stents for oral surgery and obturators for palatal perforations are made. In cooperation with other services of the hospital, stents for the plastic surgeon and ear surgeon are made to hold skin grafts. For the eye surgeon, stents, based on the principle of the contact lens, are made to prevent adhesions in eye surgery.

Models of hands are made for the neuro-surgeon. The construction of tantalum plates used by the neuro-surgeon to replace cranial bone destroyed by war injuries or accidents, i.e. shrapnel, bullets, etc., is another service performed by the Prosthetic Section of the Dental

Service. About twenty tantalum cranial inserts are prepared monthly. As this is one of the most unusual and interesting services of the dental department, the complete technique for the construction of such tantalum cranial inserts follows:

Tantalum is a rare metal, 73rd element in the periodic series, which due to its inertness in tissue has found wide favor among neuro-surgeons. It is sufficiently malleable to be easily swaged and cut with tin shears yet affords adequate protection to the area in which it is used. The metal is supplied in sheets 0.0125 inches in thickness and six inches square. Since tantalum oxidizes beyond use when contacted by flame, caution must be used.

The purpose of the system employed in construction is to present the surgeon with a tantalum plate previous to the operation which is as accurate as possible in size, shape, and contour. The plate must have sufficient perforations for attachment sutures or screws in the periphery and centrally for drainage and tissue growth; such previous preparation saves operative time and affords better finished contour.

Impression Materials

Materials used for impressions of the cranium are compound, alginates, hydrocolloids, or plaster. The plaster technique will be described here as a most accurate impression of the pulsating defect may be obtained with plaster. As large an area as is practical must be included in the impression as a more accurate anatomical contour can then be achieved in the finished prosthesis. In defects of the frontal bone, the area extending to the opposite side of the head must be taken to orient symmetry. In temporal areas an ear land mark is included of necessity.

The patient presents himself with the head shaved and the defect perimeter outlined in indelible pencil. Having been placed in the chair with the impression area fairly horizontal, the area is outlined by soft lead wire. This acquired form is transposed upon a flexible cardboard sheet and cut out with shears. The cardboard placed on the head exposes the area to be duplicated which has the defect outline refreshed with indelible pencil, dipped in alcohol, and lightly coated with petrolatum separator. A large plaster bowl of impression plaster is mixed with cold water and carefully painted over the area overlapping the cardboard matrix. Then the remainder of the plaster is applied with the spatula. Cold water is used to reduce the heat of the setting plaster for the patient's comfort. When set, the impression is removed carefully, its transferred defect outline refreshed, and a case number and letters indicating orienting surfaces added.

Area Model Obtained

The impression, when brought to the laboratory, is painted with a separator and poured in plaster. Upon separation, a model of the area concerned is obtained having a transferred outline of the defect, case number and orienting surface letters.

This model is waxed up to restore anatomical contour within the depressed defect area. An outline of the plate periphery about ¼" to ⅜" outside of the defect is added. Then a relief of about 1 MM to 1½ MM deep at the periphery and tapering to 0 MM at the defect outline is scraped into the model. The purpose of this relief is to afford a more accurate surface contact of the plate.

A die and counterdie are made of artificial stone in the following manner. Flasks, similar to the ejector denture flask of various sizes, are used. The lower half of the flask, of sufficient size to encompass the plate area, is filled with stone and the waxed surface of the model painted with separator is forced into it. Upon setting and separation, a counterdie is resultant in this half. This counterdie is painted with separator, the upper

Continued on page 171

Atomic Energy*

Thorfin R. Hogness, Ph.D.†

How well versed are you on the subject of atomic energy? Do you think this country should share the atom bomb with other nations? Read what an eminent scientist has to say on the whole idea.

The development of the atomic bomb, with its horrible potentialities of destruction, has brought scientists a feeling of responsibility for what they have created and a responsibility to undo the evil to divert this instrument of destruction into the channels of a just and lasting peace. They have made it their task to share with the other citizens of our nation their fear of the peculiar consequences of another war. Since they realize the total destructiveness of the bomb, they want all men to believe—fervently to believe—that World War II must be the last war. The next war—an atomic war and surely the last one—will be horrible beyond all imagination. We not only want all men to believe this but to do everything in their power toward this end. We want them to realize that atomic weapons are so radical in their power of destructiveness, that warfare will be so magnified in intensity and speed that extreme sacrifices with regard to national sovereignty and extreme changes in attitudes and prejudices will be necessary to effect a sincere agreement. This is asked at a most difficult time, just after a war when nationalism and prejudice are at their height.

Why must the scientists form the spearhead of the offensive in the direction of international and domestic policy with regard to the atomic bomb? The answer lies in military secrecy, as imposed by the United States Army. The scientists have a background of practical knowledge that the Army refuses to let them divulge to the public. They have known about the horrible possibilities of the bomb for a long time and have discussed and predicted the impact, under which our state department and our leaders are still reeling.

When it became apparent that the European war was fast coming to a close and that the bomb might be successfully demonstrated before the Japanese capitulation, the atomic scientists, within their well guarded walls, discussed the future social problems of the world that might result from the bomb. They held conferences and seminars on this subject, and as a result transmitted to our government their views through channels organized for this purpose. In June, two months before the close of the war, we sent a statement of our concern to an intermediary committee, the membership of which included our leading government officials.

We said then, "The consequence of nuclear warfare, and the type of measures which would have to be taken to protect a country from total destruction by nuclear bombing, must be as abhorrent to other nations as to the United States. England, France, and the smaller nations of the European continent, with their congeries of people and industries, would be in a particularly desperate situation in the face of such a threat. Russia and China are the only great nations at present which could survive a nuclear attack. However, even though these countries may value human life less than the peoples of Western Europe and America, and even though Russia, in particular, has an immense space over which its vital industries could be dis-

*Talk given at the annual dinner of the Illinois Dental Society meeting, November 11, 1946, at Peoria, Illinois. This is a formal paper prepared from notes used by the speaker on this occasion.

†Professor of Chemistry, Department of Chemistry, University of Illinois.

persed and a government which can order this dispersion the day it is convinced that such a measure is necessary—there is no doubt that Russia will shudder at the possibility of a sudden disintegration of Moscow and Leningrad and of its new industrial cities in the Urals and Siberia. Therefore, only lack of mutual *trust,* and not lack of *desire* for agreement, can stand in the path of an efficient agreement for the prevention of nuclear warfare. The achievement of such an agreement will thus essentially depend on the integrity of intentions and readiness to sacrifice the necessary fraction of one's own sovereignty, by all the parties to the agreement."

Lack of Trust Dangerous

As we believed then so we believe today, that a lack of mutual trust is the principal factor which stands in the way of preventing an atomic war.

If and when Atomic War I breaks out, the survivors, after the first terrible shock, will ask the same question that is asked after every war. What could we have done to prevent it? Wars grow in intensity of destruction and toll in death, and with each succeeding war, this question becomes more penetrating and urgent.

The early religious and dynastic wars of the last five hundred years with their professional and mercenary armies left little impact upon the daily life of the common householder, and this may be said to have been true until Napolen, with his conscript armies, began the drawing of national blood. Even up to World War I the relative loss in life and the damage done by war was so comparatively light that the problem of the prevention of war had not aroused the great mass of the citizens of the civilized world. With the advent of totalitarian warfare and with the 10 million casualties of World War I, the peoples of this world made an attempt to prevent war by establishing a League of Nations. That failed and the reasons for that failure are said to be that (1) there was no mechanism for enforcing peace and (2) by the withdrawal of the United States from the league we broke an alliance of war that might have exacted sufficient pressure on Hitler at least to deter him. Toward the close of this war, with its even greater number of casualties, and its even greater destructiveness, we realized more than ever before the need for powerful united action for peace. At San Francisco we set about to put teeth into the enforcement of peace by establishing a United Nations organization with power invested in a Security Council, and we resolved by overwhelming majority vote our intention as a nation to see this venture through. The political theory back of this effort was that the war alliance was not to be broken and that the strong nations must be the backbone of the enforcement of international law. Then came Hiroshima and Nagasaki, two names which will live in history as symbols of a new age; a new age of either unparalleled destruction or of lasting peace such as the world has never known.

International Picture?

Now what is the international picture? Instead of having the three strong nations in harmony and control, thus forming a horizontal "balance of power" between the strong and the smaller nations we have made a vertical cleft between the nations of this world. We are making a two-bloc world, a reversion to the old scheme of power politics, to a balance-of-power policy and therefore to the greater possibility of another war, a war which will surpass any previous war a thousand fold in destructiveness, loss of life, and speed of action. How was the world muddled into this political chaos? We can suspect that it was largely through the ignorance of our government leaders both in the United States and Great Britain.

All Americans are sincerely desirous of a permanent peace. The difference

between us lies entirely in our method of approach and the degree to which we permit whatever trust we have, or do not have, in other nations to influence our decision.

Initial Error

The first official blunder came with the announcement, just after Hiroshima and Nagasaki that we would keep the secret of the bomb to ourselves. As the days pass it is becoming evident to these same leaders, who called for secrecy, that secrecy is going to be impossible and that world control of the atomic bomb is the only solution to peace. This is the unanimous opinion of the scientists who have considered this question for a long time. They have come to this realization through an understanding and a fear of the atomic bomb's destructive power—the same fear that drove them in their efforts to outspeed the Germans. Although there are dim signs in the horizon that the public is beginning to realize the magnitude of the problem ahead of them, yet it is still very disheartening to the scientists to observe the general apathy of the public toward what they believe to be the greatest issue ever presented to the American people. The people do not yet realize how terribly devastating the bomb is, that there is no possible counter measure against it, that there is no secret that other countries cannot work out for themselves, that the next war could be won in the course of a few hours time, and that it would be so totalitarian in nature that whole civilizations and not only soldiers will be the victims.

Many still put their faith in some possible defensive measure. The history of military weapons has been that for every new offensive weapon a defensive measure has always been found; thus, the coat of mail against the lance and the arrow, the tank against the bullet, and the jamming devices against radar. But in all of these advances in measures and counter-measures the advantage of the offensive weapon at any one time was only a matter of one or two-fold increase in efficiency of destruction. The atomic bomb, on the other hand, has placed the offensive in such a strong position that there is no counter-measure in sight and the surprise element is now completely realizable.

Few Americans have any realization what bombing means; in fact very few have even heard the detonation of any considerable amount of high explosive. While the British and the Germans know the devastation and the tragedy that accompany air raids, we are asked to use our imagination to this end, and that is asking a great deal. Toward the end of this last war 4,000 pound block-busters became so common place that they became bombs only in name; the devastation and sorrow were forgotten, and so it may be with the atom bomb—just another bomb. That is our worry.

Vastness of Destruction

If one of these ordinary block-busters should strike within one of our city blocks, all the buildings in that block would crumble or would be so damaged that they would have to be torn down. And most people, I am sure, do not have the imagination to appreciate what the atomic bomb, the city-buster, a 40-million pounder measured in terms of TNT explosive power, 10,000 times larger than block-busters, will do. Forty million pounds is about that amount of TNT which can be transported by 20 very long freight trains. But the explosion of 40,000,000 pounds of TNT and the explosion of the atomic bomb are two entirely different kinds of explosions. In the first place, the maximum temperature attained in a TNT explosion is the same whether it is 4,000 or 40,000,000 pounds, but in the explosion of the atomic bomb the initial temperature is so great that I would not attempt to calculate it, for at these temperatures, millions of degrees, temperature loses all meaning. You can

imagine that to be within the hot sphere of such an explosion is very much like being thrown into a super-heated furnace. That the air immediately surrounding the explosion at Alamogordo was hot is testified to, by the fact that for hundreds of yards out from the location of the bomb the ground and sand were fused in one brief flash, and the steel tower supporting the bomb was not merely blown away but was evaporated just the way water evaporates into steam. Had the bombs at Hiroshima and Nagasaki been exploded at the surface of the earth rather than at a height of almost one-half mile, people would have evaporated or their bones melted into the ground. When this bomb explodes it produces radioactive rays which are absorbed by the surrounding air and these in turn instantaneously produce heat and light. At Alamogordo the initial flash was one mile in diameter. And these radioactive rays kill at great distances. The bomb also produces tremendous amounts of radioactive products which with enough bombs (500 is one estimate) would kill by slow death those of us who might be far outside the range of direct impact.

First Bomb Minor

It must be remembered that the Hiroshima, Nagasaki and Alamogordo bombs were about the smallest which we can make, and that we might expect that in the future, if an armaments race is produced, bombs will be developed which are many, many times more destructive. The size of ordinary bombs increased about 20-fold, from 1,000-pounders to 22,000 pounders, in the course of this last war. Might we then not expect 1,000,000,000-pounders in Atomic War I. A single Hiroshima bomb would not wipe out New York entirely; it would do tremendous damage. About eight of these, if dropped over Chicago, would kill thousands upon thousands of our people and would make Chicago an incalculable liability to the country at war. However, super-bombs might be developed which in one flash could not only wipe out Manhattan but all of greater New York including Brooklyn and the Jerseys. And it is conceivable that these bombs could be carried in a radio-directed rocket projectile which would have the capacity to cross the Atlantic and more. The radio direction of projectiles is already an accomplished fact and the super-rocket projectile is only around the corner.

Thought Bewilders

Only a few months have now passed since the world at large first heard of the atomic bomb and our government now in a state of complete bewilderment is asked to chart our course in a new and stormy sea. It is no wonder that those who are to lead the way are bewildered for they like the people have known of the atomic bomb for only a very short time. Before the war ended, our government laid out its plans for its political strategy, for its future army and navy without knowing about, or taking into consideration, the significance of the bomb. The secret was too well kept. The scientists realizing, even before the San Francisco conference, that months of thought would be necessary for this realization, urged our government to widen the scope of those "in the know," to include many of our leaders, but apparently to no avail. Now we are going through this period and serious blunders have already been made. Only a small part of the war department knew the facts and these people inadvertently determined the first step of a political blunder by advocating the keeping of the secret to ourselves. And not understanding anything about the so called secret, and realizing that there is no counter measure, the American people took this same point of view. We still hear the argument from many sides: "Let us keep the secret to ourselves and thus secure our own position." But does secrecy mean security?

It has been repeatedly stated that there is no secret to be kept, but to a social scientist, an economist, a lawyer, a statesman, a lawmaker, to the layman, that statement does not make sense in view of the fact that the secret was so well kept during the war period. Why cannot that state of affairs be continued after the war?

Greatest Secret Known

The greatest of all the atomic bomb secrets has already been divulged—the bomb works. Had the German government had faith in its scientists, rather than in Blitz warfare, and had any fear that their enemy might develop an atomic bomb before the end of the war, then the German effort might have been a thousand-fold greater than it was and we would have been lost. After Hiroshima, every nation on earth knows that it can be done. The job is not too difficult, even beginning from scratch. The road to be followed is outlined in the Smyth report.

Most of the remaining secrets lie in a certain amount of "know-how" and in a high degree of industrial development, and it is in this respect that other countries lag behind us at the present time.

It must be very confusing indeed to the layman to hear scientists make the two contradictory statements: "There are no secrets to be kept" and "let us share the secret." This contradiction arises out of the different interpretations of the word "secret." There are two kinds of secrets, (1) the secret of achievement, and (2) the secret by concealment. Secrets of achievement are those which are exemplified by large manufacturing processes. They can be "discovered" by competing concerns, both by disclosure, and by research and development. But the secret by concealment can be revealed only by direct disclosure. The date for D-day was a secret by concealment.

When, therefore, one hears that there is no secret, the secret by achievement is meant—others can discover the same thing independently. The fact that the atomic bomb was successful was a secret of the other class, before it was revealed at Hiroshima and Nagasaki. It was the real secret and now this has been disclosed. The technical know-how is a secret by achievement and can be divulged by research.

Most people do not realize that the "scientific" work carried out during war was, for the most part, technology, that the scientists became technicians, only making practical applications of the science and knowledge gained in the past by free scientists who were allowed to discuss their hunches, their ideas, deductions, and conclusions with each other. I am sure that I am right in saying that not one new fundamental scientific discovery was made in the development of the atomic bomb although many of the contributions were in the best traditions of modern science.

War Research Guarded

Nor do most people realize how research and development work was carried out during the war. As in all organizations, the top ranking directors of the war research organizations determined the most general policies and gave out only very general directives, these directives often requested by those in the lower organizational positions. The leaders knew very little about the details of the work and very little about the specific progress of the work. The ideas and suggestions came from the workers and not the administrators, and often the most constructive ideas came from those far down the organization scale, i.e., from the younger men. A great many patents on the atomic bomb project are held by men under 30 years of age. Of all the scientific and technical men that were ever associated with the Chicago Project, and there were many, 60 per cent were under 30 years

of age, 80 per cent under 35 and 90 per cent under 40. The number of these men who had any experience in nuclear fission before this war was hardly one per cent.

Since these inexperienced young men did the job, doesn't it seem reasonable that Russia or any scientifically developed country could repeat our program if it had the will?

Work's Impetus—Fear

Many people ask why the scientists knowing what horror they were creating, allowed themselves to continue the development of the bomb. The impetus to our government's work on the atomic bomb arose out of fear that the Germans were developing such a weapon—Hitler's periodic announcements of new and more deadly secret weapons only augmented this fear. We set about at first with the hope that we would find some basic reason, some experimental fact, that would prove that an atomic bomb was an impossibility, an impossibility for us as well as for the Germans. But every experiment only made the bomb a greater possibility and our fears increased so that many of us were consumed with anxiety that the Germans would get there first and we worked in feverish haste.

Scientific knowledge, like time, cannot be turned backward, and at some time in the future atomic energy, either as the pile or the bomb, would have been discovered. It is perhaps better that it was done now rather than at a future date when a sleeping world would be taken by surprise. Let us hope that we have learned its power without an Armageddon.

There are two main courses which the future may take and between which we, the American people, must choose! One, on which we are now apparently embarking, that of keeping the knowledge of the bomb within the United States and Great Britain, thus forming two great blocs, the haves and the have-nots; the other that of strengthening of international union by placing the control of the bomb in the hands of some world organization. To keep this knowledge to ourselves and thus preserve our advantage is the course that the War Department, many of our legislators, and many of our citizens seem to be taking.

How long can we keep this advantage? Will it be five, ten or fifteen years? Man has been fighting wars intermittently during the whole period of his recorded history—6,000 or more years, and perhaps thousands of years before that. What is the difference between five and fifteen years? It is the difference between our lives and those of our children and grandchildren.

Equalization of Power

When all countries have bombs, the small countries will become as powerful as the large for it should be stressed that in any armaments race a saturation value in atomic bombs will be reached; i.e., that the possession of 2,000 bombs will be no better than 1,000, for 1,000 will surely be enough. A small unscrupulous country could become as strong as we.

With no control over the atomic bomb, with the politically explosive condition existing in this world, and with the possibility of the sneak attack, we will be in constant danger. Retaliation will have to be fast—too fast for Congress to act, and the power of defense, and thus of waging war, must be placed in the hands of a few men. It will of necessity mean a world of military dictatorships, any one of which could decide that the best defense is to be the first to press the buttons sending the bombs on their way for destruction.

It must be evident to all that war must be stopped at all costs. War can be stopped only by united agreement of all nations of this world. But before satisfactory agreements can be reached a great deal of political spade-work will

be necessary on the part of the American leaders, in order to restore mutual confidence which unfortunately has been deteriorating since the close of the war. And why is this our responsibility alone? The answer is simple — We now own the bomb. We can't expect Russia to come to us on her bended knees. If the only information the Russians have for judgment of the American attitude is the War Department's May-Johnson bill, they will undoubtedly bend every effort and employ all their resources to make the bomb for themselves.

If we wait until the Russians have this problem solved—and we will never be quite sure for they can keep a secret as well as we—if we then ask for international cooperation, how hollow our appeal will be. Our leadership will have been lost—leadership which today can ask and bargain for a policy of interchange of information and real international understanding.

Three Future Periods

We may think of the political future in terms of three periods, the immediate, the intermediate and the distant. The distant period is that in which we will have achieved our goal of peace through some sort of stable world government; the intermediate period will involve our laying the foundation for peace through the United Nations Organization, the immediate period is the period of preliminary negotiations to restore mutual confidence. And this immediate period has mostly to do with the tensions between the Anglo-American and Russian blocs. Whatever we do now must be done with an appreciation of the urgent necessity for mutual understanding—and it will call for a change in our traditional thinking about international policy—and with the further appreciation of the problems that will arise, with regard to the control of the atomic bomb; what propositions will be made, what will be the objections, and what are the possible solutions. Let us consider a few of these possibilities on atomic bomb control.

Control by Abolishment

One of the plans of control already proposed and one which will probably again be proposed formally will be, that the manufacture of bombs be outlawed; that the United States destroy those which she already has; and that the enforcement of such an agreement be implemented through a rigid program of inspection, backed by force. The greatest objection to such a plan will be that it places too much faith and trust in the motivating influence of humanitarian ideals. We must legislate against the possible future Hitler who may thwart and circumvent the inspection service and carry out an atomic bomb development in complete theory. The counter-arguments in favor of this scheme will be that any atomic bomb project must be so vast that it cannot be covered up. But are we sure that some new compact method might not be developed which will not require the vast amounts of construction, material, and visible space that our present effort did. How will the inspection service be organized? Should we allow Russians to visit all our plants and have access to information on all industrial processes—for the atomic bomb has many ramifications — and will Russia allow us to prowl about her factories and laboratories. It is doubtful that complete accord can be reached on this point but it may be necessary and the Russian government and our industrialists may be forced to submit. We must be prepared to submit to a great deal we do not like if an agreement is to be reached. It might be possible to have the inspection service wholly international in character and administered entirely by the Security Council. The language difficulties will be very serious and there are by no means enough qualified men in this world for such an elaborate scheme.

Shall UNO Have It?

Another proposal will be that all of our bombs be placed at the disposal of the United Nations Organization to be used against any transgressor. There is one very great objection to this scheme! Where shall the bombs be stored? In the United States, in Canada, in Russia, or shall we distribute them throughout the world? To have them all stored here will be tantamount to our *not* giving them to the U.N.O. for we will be in a position to seize them all at any time we choose. Will Russia accede to such a demand? The same will be true for England and Canada who are now engaged in atomic bomb developments. Professor Compton suggested we store them in the wastes of Canada but on this point Russia can also claim some very bleak and isolated wastes in Siberia or even Mongolia.

Shall we then, too, turn to the other extreme, give our manfacturing processes to all, permit all countries to manufacture bombs and depend entirely upon international agreement and upon the fear of retaliation to prevent war? That procedure will make the smallest nations as powerful as we are. Irresponsible dictators could then foster their own selfish ends and could constantly threaten the peace of the world. It places no control over the small political madman.

It seems obvious that any one of the foregoing plans may lead us into an insolvable dilemma. What plan is feasible?

The immediate objectives of any plan seem to be clear.

(1) To prevent any one power from getting into a position of dominating the world with the atom bomb.
(2) To ensure the peace of the world through fear of retaliation.
(3) To accept the San Francisco Agreement that the peace of the world must be enforced by the Security Council.
(4) That while the greater powers shall hold the actual power to enforce peace, their selfish motives must be curbed.
(5) To immediately unify a two-bloc world, now in the making.

Trust Russia with Britain

To meet these objectives any plan acceptable to Russia must place her on an equal footing with the British Commonwealth and the United States which in turn means that we must take Russia into our confidence to the same extent as we do the British and discuss with her the technical "know-how" of the atomic bomb. Nothing short of this can be expected to satisfy her, and since no peace can be assured without her cooperation, there is no alternative. Having agreed to do this then some plan might be agreed upon whereby the United States, Great Britain and Russia each agree to make a very limited number of bombs to be used at the command of the Security Council in an extreme emergency. No one of these countries should be permitted to make enough bombs to be capable of world conquest but only sufficient that any two, combined, could deal appropriately and effectively with any transgressor. All countries would have to submit to some form of report and inspection instrumented by the U.N.O.

Russia's position is indeed a very unique one. She has not yet developed the bomb and yet because she knows we need her cooperation she can dictate terms to us if she chooses for she knows we are not an aggressor nation and will not be the first to atom-bomb her cities. She can afford to wait the few years necessary to develop a bomb. No one knows the course she may take if we do not now assume leadership in getting her immediate cooperation but we may be sure that in the end she too will have atomic bombs.

Our leaders and those of Britain first

met in conference with regard to the atomic bomb, excluding Russia, and came to a decision which was no decision at all. It was a statement which indicated bewilderment and helplessness. In some respects it represented progress for it implicitly committed us to some form of international control, as will be proposed by a commission apointed by the U.N.O., but the gears were thrown into reverse when it gave the opinion of the conference, that to spread the specialized information to any country before it is possible to derive safeguards would not contribute to a constructive solution of control. It is obvious that this information should not be given outright to every country now, but specifically we meant Russia and did not say so. The statement said in effect that we did not trust Russia. If it did not mean that, it was unfortunately worded.

Exchange of Scientific Data

We stated our willingness as a first contribution to proceed with the exchange of fundamental scientific information. This is a condition that the scientists have insisted must be done in any case—even in an armaments race. As one of the atomic scientists aptly put it: "If all nations engage in an armaments race and if all nations but Russia allow complete dissemination of scientific data and ideas, then one may be sure that Russia would be the furthest behind," and the same also applies to us even though we now have a lead. In spite of the verbiage we were conceding nothing here, for the advancement of science demands free interchange of information and ideas.

Since the industrial applications of atomic energy are so closely associated with the manufacture of the bomb, we are loath to give out information in this direction but we say that we will do so as soon as safeguards against its destructive use can be devised. That again is no great concession, for I shall show later that atomic energy as power will bring no golden age.

The most constructive part of the communique, as has been said, is that it shows a certain willingness on our part to put the question into the hands of the U.N.O. Whether this move will be successful will depend upon Russia and if she does not agree it will do no good to accuse her of sabotaging the effort. The armaments race will be intensified and the onus may then rebound on our leaders for not having tried more earnestly and more promptly.

Timing Rather Poor

The timing of our political moves have not been the best. Had the Washington statement been made directly after Nagasaki, then it might have been very effective and progress toward peace could have been made. But coming as it did after so many misguided statements one wonders if we are not too late. One wonders too if the British had all the information on the bomb that the statements of our leaders and some unofficial Britishers indicated. Perhaps it was to secure the British position that Mr. Atlee took the initiative in coming to Washington. We wonder again if our leaders were incompletely informed.

The benefits of atomic energy have often been stressed as a counterweight to its destructiveness; the good is weighed against the evil. Since the use of atomic power to run engines and turbines is a more concrete idea and one that requires less imagination and guesswork to foresee, it is the principal factor presented. An engine running months and perhaps years without refueling the boilers stirs our imagination—no smoke, no ash, no firemen, no automatic stokers. The picture is an alluring one but economically, what are its possibilities?

One pound of uranium is the equivalent in energy to 1,500 tons of coal. If coal sells for $5.00 a ton then U^{235} in any usable concentration should sell for

$7,500.00 a pound to compete. But that is not the whole story in relative fuel costs. To remove the ash from the firebox of a boiler is a cheap operation but with U^{235} it is exceedingly expensive for only a small fraction of the U^{235} can be used before the atomic ash must be "hauled out," not to be dumped, but to be reprocessed chemically. So instead of a competing cost of $7,500.00, it must be very much less than this. Today we cannot make an approach to this figure.

Furthermore the cost of coal to produce one KWH of electric energy is less than ⅜ cents. This moreover is a small fraction of the cost of power, and for most industries, power is a small fraction of the operational cost. Nature has already given us plenty of cheap fuel for hundreds of years to come, so from the power stand-point alone atomic energy will bring no great change.

But by the same token, that fuel costs are a small part of operations, we may be willing to pay more for a fuel that gives greater convenience, just as we are willing to use gas for home furnaces, instead of the cheaper coal.

Use as Fuel Limited

At best U^{235}, for a very long time to come, can become only a high-priced premium fuel that may be used on submarines, battle ships, colossal airplanes perhaps, and other specialized devices and in extremely inaccessible locations. However, as an explosive it is cheaper than TNT.

In order adequately to control the bomb it may be necessary that, for a period of say twenty-five years, each nation be limited in the amount of atomic power that can be generated; enough for experimental uses but not enough for conversion into bombs, perhaps not greater than 100,000 kilowatts for each country. This would work no great hardship for it would not prevent the necessary development work and would provide all other needs.

Benefits Looked For

However, many scientists believe that greater benefits than power will accrue from the manufacture and use of tracer elements made by atomic energy in the research and development which will be made possible. The benefits are unforeseeable and are so intangible as yet that I cannot expand upon them. It is one of the hunches scientists often get and which often point the way to new discovery, but so many have this hunch that the door for such experimentation will not remain closed for long. It may conceivably open a way toward an understanding of some of the most important problems of biology and medicine.

But the possible advantages of benefits that have been cited are as nothing compared to that of the atomic bomb's possibility for peace. If not misused politically the atomic bomb, through its enforced realization that there must be no more war can become man's greatest blessing. It becomes imperative that the American people force their leaders in this direction. Our immediate goal must be an understanding with Russia.

Many of us do not like the Russian methods, nor their political system — communism if you will—and many Russians do not like our methods or our capitalistic system. We can realize this and accept this and yet work together to bring about lasting peace. We must be realistic and come to a working agreement with them. *We must,* for there is no other defense against the fearfulness of the atomic bomb. There is no other recourse. The Russians are a realistic people and they too will understand and react favorably to the practicability of united action.

The strong nations of the world must be united in the control of peace. We must augment the agreements of the San Francisco and the other conferences which paved the way for the future security of all nations. The prevention of war must be more important to us than any possible national interest. If the full force of our efforts is not directed toward that end we perish.

Drugs in Treatment of Periodontal Disease*

By Captain Irving Buchin†

The cause of periodontal disease is complex and, in most instances, a combination of local irritating and mechanical factors as well as systemic disorders. The resultant symptoms are the manifestation of a lowered oral tissue resistance. This is evidenced by either one or a combination of the following: (1) change in appearance and a lowered tonicity of the gingival tissues, (2) pocket formation with resultant bifurcation involvement of the lower molars and trifurcation involvement of the upper molars, (3) changes in the amount, type, and distribution of alveolar bone, and (4) mobility of teeth.

Basic Requisites

Basically, periodontal treatment should consist in the removal of the etiological factors which contribute to a lowered tissue resistance and in the restoration and maintenance of the oral tissues to a condition of normal tone, function, and appearance. This necessitates proper diagnosis, prognosis, and treatment planning. Treatment must include: (1) proper toothbrush demonstrations at the onset of treatment, (2) removal of mechanical irritants supragingivally and subgingivally by scaling and curettage, (3) removal of undue stress on any one tooth or group of teeth in the various excursions of the mandible, (4) correction for proper contact points, equalizing the height of the marginal ridges, eliminating plunger cusps, and restoring individual tooth form, (5) detection and correction of abnormal habits involving the oral tissues, (6) necessary measures to correct systemic disorders, and (7) the removal and replacement of teeth prognosed as hopeless.

If periodontal disease were caused by a specific factor, we might anticipate the discovery of a drug that would act specifically on the etiological agent; however, most of the causes of periodontal disease are of a mechanical nature and primarily not a bacterial or parasitic infection.

Use of Drugs

Drugs are used to eliminate pockets, to improve the tonus of the gingival tissues, to combat superimposed bacterial infections, and to build up the general health and resistance of the patient. The local application of drugs to the mouth depends in a great measure on the absorbability of the drug; thus, alcoholic and aqueous solutions have an advantage over oily bases. The gingival tissues have a high vascularity and by drying the gingival surface we further enhance the absorption of the drug. Liquids are best applied by means of wooden applicators wound with cotton, or a pledget of cotton held in the beaks of a pair of college pliers. Powders are best applied by means of a powder blower, and mouth washes and irrigating solutions are best applied by means of a spray which can reach into the fissures and crevices of the gingival tissues.[1]

The following drugs are recommended in periodontal treatment:

1. *An epithelial solvent in pocket eradication.*[2]

℞	Sodium sulfide	17.5 gm.
	Sodium carbonate ($Na_2CO_3H_2O$)	5.0 gm.
	Water	
	Mix to make about 30.0 cc.	

*Reprinted from *The Bulletin of the U. S. Army Medical Department*, Vol. IV, No. 2, Aug. 1945.

†Dental Corps, Army of the United States.

1Thoma, K. H.: Oral Diagnosis with Suggestions for Treatment, 2d ed. Philadelphia: W. B. Saunders Company, 1943.

2Accepted Dental Remedies, 6th ed., American Dental Association Council on Dental Therapeutics. Chicago: American Dental Association, 1940.

Blass states[3] that "cases chosen for treatment with an epithelial solvent should first be given the usual course of routine conservative periodontal treatment. The solution is applied on a twist of cotton or bibulous paper and carried into the pocket with a smooth broach or with a No. 17 explorer, the point of which has been broken off. The mouth is rinsed and after three minutes the solution is withdrawn and a second application made and continued for seven minutes. After withdrawal of the second application, a curette is used to remove the disintegrated epithelium and to further cleanse and smooth the root surfaces. The tissue is pressed lightly to contact the tooth root and held so for five minutes to allow clotting. The patient is warned to avoid brushing or other trauma to the treated area for three or four days. Traumatic occlusion is relieved before the patient is dismissed. The treatment is repeated in from seven to ten days if the pocket has not closed." The operator should use caution in application of this solution, since it is highly caustic. Cotton rolls are not used to isolate the teeth.

Resultant Solution

Rationale. The resultant caustic solution will dissolve the epithelial tissue within the pocket, thereby facilitating the removal of epithelium by curettes and consequent formation and organization of the blood clot to connective tissue. Thus the pocket is eliminated.

2. *Gingival and protective seal for use in pocket eradication (after Blass).*

℞		
	Gum copal	16.0 gm.
	Gum mastic	16.0 gm.
	Tr. myrrh	20.0 gm.
	Ether	20.0 gm.
	Collodion	40.0 gm.

Mix; make a solution and dispense in 8 cc. homeopathic vials.

The pocket is curetted and, if necessary, the epithelial solvent, sodium sulfide, is used as directed. The area is then isolated by means of cotton rolls and the tooth dried with a warm air syringe. The varnish is then applied by means of a pledget of cotton held in the beaks of a pair of college pliers to the gingival margin and the cervical portion of the tooth. The area is allowed to dry for two minutes. A wet pledget of cotton is then applied to the area and the resultant precipitate is patted into place. The seal should remain in place long enough to permit fibrous organization of the blood clot.

Rationale. The blood clot formed by curettage is sealed within the pocket by the varnish which is precipitated by water. The epithelial lining of the pocket has been destroyed by curettage and by the use of the epithelial solvent; the pocket is eliminated when the fibrous organization of the clot reattaches to the smooth root surface. The varnish prevents the washing out of the clot and the detachment of the clot from the root surface.[3]

3. *Drug used for edematous hypertropic gingivitis.*

℞ $ZnCl_2$ 8.0 gm.

Water to make 100 cc. of solution.

Use of Cotton Packings

Cotton packings which have been immersed in an 8 per cent zinc chloride solution are interposed by means of a pair of college pliers between the contact points and the buccal, labial, and lingual bulges until the tissues are blanched. Maintain the packs in place for at least three minutes. On removal, a resurgence of circulation takes place. The process should be repeated in ten days, and the patient is instructed in the use of the interdental stimulator and the toothbrush.

Rationale. The gingiva presents the characteristics of inflammation in periodontal disease as a result of mechanical

[3]Blass, J. L.: Chemicotherapy and Physiotherapy as Adjuncts in Conservative Treatment of Periodontal Disease, J. Am. Dent. Ass., 30:267-273, 1 Feb. 1943.

or chemical irritation. Physiologically, we have a stasis in the vascular flow through the capillaries of the gingival tissues, followed by extravascular infiltration through the capillary wall and into the surrounding tissues as a result of a lowered permeability of the capillary membrane. The final picture is a lymphatic block in the tissues with consequent edema, swelling, bleeding, and perhaps fibrosis.

Pressure Exerted

Pressure is so exerted by the pack application of the 8 per cent solution of zinc chloride that all extravascular elements and these elements within the vascular system are forced out through both the lymphatic and the vascular system. "An anemia is produced which lasts from fifteen to twenty minutes. This results in an increased capillary permeability and a resumption of the circulating medium."[4]

4. *Drugs used for necrotic gingivitis or Vincent's infection.*

℞ Methylene blue 1.0 gm.
Brilliant green 1.0 gm.
Crystal violet 1.0 gm.
Alcohol (50%) to make 100 cc. of solution.

The teeth are isolated with cotton rolls and dried by means of the warm air syringe. The dye is carried to the marginal gingiva by means of a pledget of cotton held in the beaks of the college pliers. Because of the low surface tension of the triple dye, it will spread quickly along the necks of the teeth and penetrate into the crevices and fissures of the marginal gingiva. The patient is instructed in the home care of the disorder — the use of an alkaline or oxygen-liberating mouthwash and avoidance of spicy, fried foods and smoking. A saline laxative is prescribed, preferably one tablespoon of Epsom salts in 8 ounces of water.

Some operators prefer the use of 10 per cent chromic acid. This is applied in a similar manner to the dye. However, after two minutes a second neutralizing solution of hydrogen peroxide should be applied with the college pliers. A purplish, oxygen-liberating reaction ensues, and then the mouth is thoroughly rinsed with a 10 per cent solution of peroxide.

In the more acute stages of necrotic gingivitis in which the patient complains of pain and malaise, and where there is an elevation in temperature and an enlargement of the cervical lymph glands, I suggest the Box treatment. This consists in the application of Churchill's tincture of iodine.

℞ Iodine 16.5 gm.
Potassium iodide 3.3 gm.
Alcohol (70%) to make 100 cc. of tincture.

Application of Tincture

Here again the tincture is applied like the triple dye. Caution should be exercised in preventing the tincture from flowing over the healthy alveolar or other oral mucosa. A 35 per cent aqueous solution of silver nitrate is then applied in an equally cautious manner to those treated areas. "The chemical reaction between the two solutions results in the precipitation of insoluble iodide of silver, which seems to form within the necrotic tissue. This whitish film turns dark in the light and in thirty-six hours, as a rule, is cast off. It seldom leaves behind bleeding surface, all ulcerations except the large ones being covered, as a rule, with new epithelium. Furthermore, the rapid reduction of the attendant gingival inflammation is a particularly striking feature."[5]

Rationale. In Vincent's disease, fundamentally, we have a lowered gingival tissue resistance establishing a favorable environment for the proliferation of

[4]Lundquist, G. R.: Periodontal Involvement and Its Management, J. Am. Dent. Ass., 32:298-307, 1 March, 1945.

[5]Box, H. K.: Necrotic Gingivitis (Trench Mouth), No. 14 of the Bulletin of the Canadian Research Foundation. Toronto: University of Toronto Press, 1930.

Bacillus fusiformis and the spirilla of Vincent and Plaut. Treatment should consist in first removing the exciting cause of the disease, thus eliminating the preponderance of Vincent's organisms in the mouth. Secondly, it should be borne in mind that the predisposing factors that resulted in a lowered tissue resistance must be detected and removed; otherwise, a recurrence of the disease can be expected, especially when the oral hygiene is neglected. There are three primary incubation zones for the Vincent organisms: (1) around the erupted or partially erupting wisdom teeth and especially beneath gingival flaps, (2) in the crypts of the tonsils, and (3) around the linguals of the upper anterior teeth. Irritation of the gingiva by facings of bridges or by poorly constructed crowns can be a predisposing factor. It is recommended that the patient be given a complete physical check after treatment of Vincent's infection.[6] The classification of the drugs that are used in the treatment of Vincent's infection is as follows: (1) caustics, such as the silver iodide formation in Box's treatment; (2) dyes, such as the triple dye which fixes the necrotic gingival tissues and the invading Vincent's organisms; (3) oxygen-liberating compounds, such as in the combination of 10 per cent chromic acid and full-strength peroxide; and (4) alkalis, such as sodium bicarbonate. A 1 per cent sodium ricinoleate has been suggested. Soap has been recommended as a valuable adjunct in the treatment of the disease, and it may be used in various forms. Mention should be made of sulfarsphenamine which is dissolved in 2 ounces of glycerin and applied to the area of infection.

Dosage Suggested

Vitamins. A daily dosage of 0.5 gm. of cevitamic acid is recommended for cases of hypertrophy, edema, and congestion of the marginal gingiva where subclinical scurvy is suspected. Vitamin therapy should be continued for at least six months. It is best to take vitamins by mouth after each meal.

Rationale. Vitamin C seems to have a special affinity for the gingiva and a deficiency of the vitamin causes marked changes in the soft, fibrous, connective tissues and changes in the endothelium and skeletal structures. However, the therapeutic effect on gingivitis not caused by subclinical scurvy is debatable. Restarski and Pijoan[7] concluded that "the assumption that gingivitis, with or without pyorrhea, is on a scorbutic basis is unwarranted unless there is antecedent a present clinical evidence of scurvy." Roth[8] states that "Vitamin C, 500 mg. daily, will improve and maintain the health of the gingiva to a better degree than local treatment without vitamin therapy. Administration over a long period, e. g., a year or a year and a half, is beneficial and will do no harm."

It is my belief that patients with periodontal disorders have one form or another of nutritional deficiency. This is not a rash statement when one considers our daily diet of highly refined sugars and starches. That this deficiency is on a national scale was recognized when the addition of B_1 to flour for use in making bread was put into effect a few years ago. A nondetergent, vitamin-enriched diet of basic foodstuffs is essential to good health and to a normal oral environment.

Conclusion

Because of the complex nature and causes of periodontal disease, drugs should be used as an adjunct in treatment and in conjunction with scaling, curettage, equilibration of occlusion, and tooth brushing. The use of drugs alone cannot effect a permanent cure.

[6]Mead, S. V.: Diseases of the Mouth, 5th ed. St. Louis: C. V. Mosby Company, 1940.

[7]Restarski, J. S., and Pijoan, M.: Gingivitis and Vitamin C, J. Am. Dent. Ass., 31:1323-1327, 1 Oct. 1944.

[8]Roth, H.: Vitamins as an Adjunct in the Treatment of Periodontal Disease, J. Am. Dent. Ass., 32:60-66, Jan. 1945.

EDITORIAL

Procurement and Assignment Ends

Back in April 1942, announcement was made that William I. McNeil of Chicago had been named as state chairman for Illinois of the Procurement and Assignment Service for Dentists. At this time the exact manner of changing a civilian dentist into a service dentist was very sketchily outlined and there was no precedent to follow. But P and A took hold and with the help of literally hundreds of government directives, felt its way.

What followed is history now. More and more dentists were needed as our armed forces grew to gigantic size and as the dental requirements of draftees were lessened and finally dropped. The question of what dentists should go into the service and who should stay home came up and was solved. Some familiar headlines of the dental press read: "Army Needs 5,309 dentists in 1942"; "Announce Procedure for Dentists in 1A"; "700 Cleared By Procurement Service"; etc. The armed forces made demands and P and A met them.

In March 1943 an editorial in the Illinois Dental Journal said: "The Procurement and Assignment Committee of the State of Illinois, under the able and quiet leadership of William I. McNeil, deserves a rousing cheer. Under extremely adverse conditions it has accomplished an excellent and important end result. Early in the history of Procurement and Assignment Service, the duties and authority of this committee were not as well stated as they might have been. This meant that the chairman had to 'feel his way.' Now a definite plan of procurement procedure for the Procurement and Assignment Service has been outlined and is printed elsewhere in this issue. 'Availability' or 'essentiality' of individual dentists is now rather uniformly defined. This will make the work of the chairman and his committee a little less arduous."

Finally, in July 1944, Dr. McNeil resigned as chairman of the Procurement and Assignment Service because of press of other duties; Robert J. Wells, vice-chairman, was appointed chairman to replace him.

In 1944 the tide had finally turned. In January we find this headline, "Procurement of Dentists for Army Ceases in March." In October another head says, "Army to Release Many Dentists." The final headline about Procurement and Assignment appeared in the March issue of the *Illinois Dental Journal*. "Chairman R. J. Wells Announces Closing of Procurement and Assignment Service for Dentists on April 1, 1946." So, after four long years to the month, Procurement and Assignment in Illinois, its arduous tasks well done, closes its files and is finished.

The Illinois State Dental Society takes this opportunity to thank two of its members, William I. McNeil and Robert J. Wells, for the wonderful service they have rendered not just their state and dental society but their country as well. If ever there was a necessary but thankless job, this was it; and it was accomplished superbly.

State Meeting September 16, 17, 18, 19

The next annual meeting of the Illinois State Dental Society will be held in Chicago on September 16, 17, 18, and 19. The Continental Hotel, formerly the Medinah Club, situated on Michigan Boulevard near the river, has been selected as the site of the convention.

Originally this year's meeting was to be held in Springfield. However, the hotels there reported that they would be unable to handle a full sized state meeting at this time. Although the G. V. Black Dental Society, Springfield, through its president,

Russell E. Blunk, had issued an invitation to the State to meet there, this was found not feasible because of the hotel situation. The president of the Chicago Dental Society, Joseph Zielinski, issued a similar invitation which president Robert W. McNulty accepted.

This is the first time since 1920 that the state meeting has been held in Chicago; at that time the state officers were, G. Walter Dittmar, Chicago, president; O. P. Wiltz, Peoria, vice-president; J. P. Luthringer, Peoria, secretary; T. L. Grisamore, Chicago, treasurer; G. H. Henderson, Chicago, librarian. It will be the eighth time that the annual meeting has been held in Chicago since the organization of the Illinois State Dental Society in 1865.

A rather recent change in the State constitution now makes it possible to hold the Annual meeting during any month of the year rather than in May only, as was formerly the case. September has been chosen as the month so that all the usual sports activities, long associated with the state meeting, may be held. Hence you are asked to check off the dates in your appointment book now; they are September 16, 17, 18 and 19. Further details of the meeting will appear in later issues of the JOURNAL.

Clothing Shortage

One of the aftermaths of war is the present clothing shortage; the enigma, however, is that millions of uniforms are hanging in the clothes closets of the country. To inquiries, the Army and Navy have replied that uniforms may be worn under the following conditions: with the buttons, braid and all other military insignia cut off. Then the uniforms become just clothing. Such uniforms may also be retailored and they may be dyed.

We have nothing to suggest or say about the abhorrence many returned veterans have for the old uniform. However, a second means of disposal, rather than to the moths, is to present the uniform to a foreign relief agency. Europe faces an even worse clothing shortage than we. Again, before donating to one of the many relief agencies, the buttons, insignia, etc., must be removed.—*Wm. P. Schoen, Jr.*

NOTICE TO SERVICE DENTISTS

If you have been released from the armed forces or expect to be released, please notify the state secretary, Dr. L. H. Jacob, 634 Jefferson Bldg., Peoria, Illinois. If you have an office address, give that; if not, give your change of address.

For information or assistance upon your discharge, contact Dr. Charles W. Freeman, Chairman of the Military Affairs Committee, 55 E. Washington Street, Chicago, Illinois.

Philip Sparrow

On the Importance of Dying Young

Eyes the shady night has shut
Cannot see the record cut . . .
—A. E. Housman.

On a gray day, when the sky is glooming outside and the dark is gathering, there is no one better to read than Alfred Edward Housman. Turn low the lamp, set the slow hour-glass on end, and stare into the empty sockets of a skull, remembering the saddest of all mottoes: *Remember, man, that thou art dust, and to dust thou shalt return.* For Housman is the poet of the shortness of youth and the nearness of death, the mourner for the golden friends, the rose-lipped maidens and the lightfoot lads. To read him is to feel the clutch at the heart, the unendurable sadness when youth is struck down, the anguish because the frosty scythe carelessly cuts off the unripe heads of wheat along with the others.

A strange man, Housman. His themes are youth and love and death. On his death in 1936 the world felt as Tennyson must have, when as a boy he climbed far out on a rock jutting into the angry sea, and carved the words, "Byron is dead." An incomparable sense of loss fell upon those of us who loved him. Housman was a Latin scholar, and taught at Cambridge in England. Before the scarlet lightning of his criticism, the world of classical scholarship quaked. He could forever demolish the pretensions of any scholarly fake with one lone paragraph. Yet there was another side to him, mellow, suffering, romantic, that made him write three thin volumes of verse: *A Shropshire Lad, Last Poems,* and a posthumous volume—*More Poems.* Within this slight compass, there is contained more genuine poetry than in a half hundred volumes of his contemporaries. The presence of Housman in a library is more surely a sign of good taste today than was a copy of the *Rubaiyat of Omar Khayyam* on the table in 1900.

Among the sixty-three poems of *A Shropshire Lad,* there are many that make one pause to consider the great questions of life. There are some that in simple words tell of love ended by death, and there are brave and bitter ones that tell us to train for ill and not for good. There are universal truths, and subtle analyses of the way-things-are-but-should-not-be. One hesitates to say which is a favorite, when all are of such excellence. But there is one which always starts me pondering, and it is "To an Athlete Dying Young." The lines at the top of this page are from it, and state the theme. The athlete, cheered by the people and brought home on their shoulders, is today set down at the threshold of a stiller town. But his glory and record and reputation can never be lost, because he died at the right moment, in the full robe of life.

The poem always sets me thinking of the many in the past who died young, at the moment they should. There was Keats, for instance. What promise he showed! What things he accomplished in his twenty-six years! Sonnets cut in crystal, odes carved from chalcedony and onyx, lines as divine as anything in the English language—all came from his magic quill in a few brief years. And then he died, alone in the ancient city of Rome, just as the world awakened to his greatness. What would have happened had he lived to be as old as Wordsworth, scribbling verse that became flatter and more prosaic, turning out lines from which the hard clear flame had vanished?

Smart lad, to slip betimes away,
From fields where glory does not stay . . .

And there is Isadora Duncan, she of the lithesome body and the graceful arms, who brought to the world of dancing more bright loveliness and charm than the ballet has seen since. She was the goddess of two continents—kings wept at her thistledown grace, and all men adored her. She was driving recklessly with the wind down a dusty road in France one day—her long dramatic scarf whipping out behind her, her eyes shining under the great blue sky and the white pilings of clouds low on the horizon behind the poplars, her ears filled with the melody of unheard song. Who can say if it were not lucky for her scarf to touch the wheel of the car, to hesitate a moment, then wrap itself firmly around the axle, and snap her swan-like neck?

And silence sounds no worse than cheers
After earth has stopped the ears . . .

And lucky Chopin, to die when you did! The melodies that burned your brain might have faded, for no man can go on being good forever. As music comes forth, it leaves behind a grey and brittle ash. Your valses, your "Polonaise," your sparkling lovely etudes—would you have made them still? Might not those harmonies have grown dull and commonplace? Might not the brilliance have turned to singsong monotony? You, too, have Death to thank, for now the year 'round—winter and summer—your grave in the cemetery Père Lachaise in Paris is banked with flowers and wreaths from those over all the world who love your music.

Now you will not swell the rout,
Of lads that wore their honours out . . .

Light tall white candles around the bier of the loved dead Valentino, set sweet incense to burning in the braziers, and have for the mourner a dove in a cage of sandalwood! Dream of a fair place graced by his slim brown hands . . . or so might say a woman now near forty, as she remembered the tempestuous passion of *Blood and Sand, The Son of the Sheik,* and *The Cobra,* in which the muscular and classic-profiled young Italian wrought his way with women. He did not grow old like John Barrymore; the muscles did not sag in his belly, nor the jowls droop into a satyr's mask. Swift as an arrow, he was struck to the heart, and died.

And round that early-laurelled head
Will flock to gaze the strengthless dead . . .

When Ernie Pyle raised his head just a little too far above his foxhole on the tiny isle of Io, was it lucky that the bullet came along? Could Ernie have found again, after the war was over, people to write about as movingly as he did about Captain Waskov? Could his audience be held by stories of tramps and hoboes, mill-workers, and gas station attendants in Arizona? On the wave of terror and love and agony of the war just past, Ernie rode high. Perhaps he would have continued.

But set, before its echoes fade,
The fleet foot on the sill of shade . . .

The list could go on and on, naming the names of those who died when they should, and it would include the range from Joan of Arc through Knute Rockne and Will Rogers to Franklin Roosevelt. They were all fortunate in a way. They can never be those "runners whom renown outran, and the name died before the man." Their glory is secure, their place in history established, they can never fade into nothingness. And the world will go on, speaking their names with reverence and regret. . . .

Oh, *hell,* James! Bring me the cyanide—*QUICK!*

HERE and THERE

Robins, when they appear on their north bound migration are universally regarded as an authentic sign of spring. Perhaps the persons so regarding them are just indulging in wishful thinking. In this year of our Lord 1946, for instance, the first robin reported in on a bright sunny day about the third of March, burst forth with some fancy warbling, and almost as promptly took cover when the mercury dropped to the twenties a week later. No one can resist robins, however. They certainly aren't shy; we always know when they hit town. They are as shoutingly optimistic as Walt Whitman and as cheerfully conspicuous as a convention of Legionnaires. Robins are go-getters. What they go-get in the early spring seems to be mostly earthworms. How they spot them nobody seems to know. But you'll see a robin make a few dirt scattering dabs with his beak, haul up the luckless annelid and gobble it down. When we see a robin in a tug-of-war with a worm, we forget the traditional American custom of rooting for the underdog and cheer on the robin. Actually, if we were mindful of our own selfish interests, we'd be rooting for the worm and even chase the robin away. For earthworms have a mission in life. The millions of them that inhabit the top soil of our gardens make a mass contribution to our agriculture that would be hard to estimate in dollars and cents. So when you see one rapidly vanishing down a robin's gullet, spare a sympathetic thought for your agronomical partner.

St. Patrick's Day

The shamrock symbolizes St. Patrick's Day but no one seems to know just what the shamrock was. (Present day shamrocks are mostly clover leaves.) Way back in the fifth century there was a great bishop named Patrick of Ireland, and way back in the fifth century the ancient Irish loved and honored a plant called the shamrock. On these points everyone agrees. The confusion, however, arises from the very name shamrock. The old Gaelic word simply meant three-leaf. It might have referred to any three-leaved plant, of which there are three common species in Ireland. One is the common white clover; another is the so-called black clover and the third is a three-leaved plant called oxalis. According to Bailey's Cyclopedia of Horticulture (you see to what lengths a writer will go to obtain material) at the time of Spenser's "Fairie Queene" shamrock was said to be good to eat. That would appear to score one for oxalis, for it is edible (to a degree) whereas clovers are not. However Spenser lived more than a thousand years after St. Patrick, so his word doesn't really count. Fact is, it hardly settles what plant was considered to be the shamrock in Spenser's time, let alone St. Patrick's. For there are those who claim that the real shamrock is the watercress, which certainly is used as a food in far greater quantities than oxalis. So the argument goes on, rather futilely, for it seems probable, after all these centuries, that it never will be settled.

Cauliflower Prince

Once in a while one wishes he was a member of royalty with plenty of silver and gold, a hand servant, a foot servant, a couple of gardeners (especially right now with spring in the offing and a new lawn needed. Many times you've heard it said, "I wish I could change places with that guy." Now if we'd just sneak a look at that seemingly lucky person who has all the apparent qualifications of a life of bliss, we would usually find something amiss. Take the case of the late Prince of Bourbon, who, in addition to his wealth, had a high time fancying himself to be various things other than a human being. His upper

story was so demented, deranged, disconnected and deteriorated—that for quite a spell he believed he was a hare, and wouldn't allow a bell to be rung, a pin to be dropped or any other noise made for fear it would send him scurrying back into the woods. There, he felt, he'd probably be shot by the gamekeepers. The hare complex wasn't the worst hallucination in the prince's head. Eventually he became obsessed with the idea he was a cauliflower and would look well if served at the evening meal. So he went out into the garden and ordered his subjects to water him. Which points a moral; don't be envious of others, you might turn into a cauliflower.

Little Known Facts Dept.

In Atlanta still stands the houses built by a fiery old Confederate who fought in the battle over that town. Having waxed rich after that war he built himself a big stone house with a semicircular stairwell for which he ordered from New York some stained glass windows showing scenes of the battle. When they were delivered he found, to his horror, that the "damyanks" were winning and he wouldn't stand for that! History or no history, he wasn't going to see the forces of the South getting licked the last thing at night and the first thing in the morning. So back went the windows to New York. No price was spared to reverse history. The damyanks were licked—in those windows anyway . . . Palmer Findley, in his Priests of Lucina, claims that the records show that the cesarean operation was not performed during the time of Julius Caesar. Naturally, then, the popular belief that the name of the operation came into being at the time of Caesar's birth has no foundation in fact. He states that the name was derived from the "lex regia" in which it was ordered that an abdominal operation must be performed on all dying women when in the advanced stage of pregnancy. Later, the "lex regia" became known as the "lex cesaria" and from this law the name cesarean was derived. The earliest authenticated cesarean was performed in 1500 by a butcher, who specialized in gelding sows. He did it so skillfully that the child was removed at once without injury and lived to be 77 years old. So the Julius Caesar legend doesn't hold up in the light of history . . . When, during the war, the British government ruled that precious train space should not be given to bringing fresh cut flowers to London, the Britishers, who don't like to be pushed around even by their own government, decided something had to be done. Most of the fresh flowers for the winter season are grown in the Scilly Islands, off the coast. They come by boat to a south England port. There men lashed the flower boxes to bicycles and pedaled 20 miles where other men on wheels took over and so on up to London. A wheeled version of the Greek relay, you might say.

Eggatorial

The egg had quite a place in ancient superstition. In some countries, the tenth egg laid by the fowl is supposed to be larger than the rest. They think eggs keep your house from burning down. Orthodox Jews use the egg as a symbol of divine power in their Passover service. Old wives used to set an odd number of eggs, for an even number would result in failure of the hatch. In setting eggs, to wave a lighted candle over the nest is to charm away hawks. Druids wore an egg in a golden case around their necks as a symbol of their priestly authority. Abyssinians portrayed the world as an ostrich egg. The Hawaiians believed their island was produced by the bursting of an egg of a gigantic bird. An owl's egg dropped in a drunkard's cup is considered to bring about a loathing of liquor. Or, at least, a great loathing of owl's eggs. In America, this very month, many children are led to believe that the Easter bunny lays colored eggs. Which is a pretty good place to end this dissertation and wish you all a Happy Easter!—*James H. Keith.*

The Wagner-Murray-Dingell Bill. Is It What You Want?

The full effect of the Wagner-Murray-Dingell bill cannot be measured without examining the actual wording of the sections relating to dental benefits. The following are direct quotations from Title II, Prepaid Personal Health Service Benefits (compulsory health insurance), of the Wagner-Murray-Dingell bill, (S1606-HR4730) plus comments thereon:

Lay Control

SEC. 203. (a) "The Surgeon General of the Public Health Service shall perform the duties imposed upon him by this Act, under the supervision and direction of the Federal Security Administrator. . . ."

In administering the Act, the Surgeon General will be supervised and directed by a lay administrator.

SEC. 203. (b) "The Surgeon General is hereby authorized and directed to take all necessary and practical steps, not inconsistent with the provisions of this title, to arrange for the availability of the benefits provided under this title and of services and reports required by the Board for administration under this Act."

The Social Security Board, composed entirely of laymen, is also given administrative powers under the Act.

Specialist Services

SEC. 205. (c) "Services which shall be deemed to be specialist . . . services . . . shall be those so designated by the Surgeon General, and the practitioners . . . who shall be . . . entitled to the special rates of compensation provided for specialists . . . shall be those so designated by the Surgeon General. . . ."

The Surgeon General will decide who may be a specialist and will determine what his fee or salary may be.

Panel Listings

SEC. 205. (e) "The Surgeon General shall publish and otherwise make known in each local area to individuals entitled to benefit under this title the names of medical and dental practitioners and groups of practitioners who have agreed to furnish services as benefits under this title. . . ."

Panel listings of participating practitioners will be published in each community.

Methods of Payments

SEC. 205. (g) "Payments from the Account to general medical and family practitioners or to general dental practitioners, for services under this part, shall be made—

(1) On the basis of fees for services rendered to individuals entitled to benefits, according to a fee schedule;

(2) On a per capita basis, the amount being according to the number of individuals entitled to benefit who are on the practitioner's list;

(3) On a salary basis, whole time or part time; or

(4) On a combination or modification of these bases, as the Surgeon General may approve. . . ."

Practitioners may be paid on a fee basis, a per capita basis or a salary basis, subect to approval by the Surgeon General.

Limitation of Patients

SEC. 205. (l) "In each local area the eral may prescribe maximum limits to the number of potential beneficiaries for whom a practitioner or group of practitioners may undertake to furnish general medical or general dental benefits, and such limits may be nationally uni-

form or may be adapted to take account of relevant factors. . . ."

Practitioners may be limited by the Surgeon General in the number of patients they may serve.

Collective Responsibility

SEC. 205. (1) "In each local area the provision of general medical or general dental benefit for all individuals entitled to receive such benefit shall be a collective responsibility of all qualified general medical or family practitioners or of all qualified general dental practitioners, respectively, in the area who have undertaken to furnish such benefit."

A "collective responsibility" is placed on all participating dentists which obligates them to provide dental benefits for everyone entitled to benefits in their area.

Payments By Patients

SEC. 210. (a) "The Surgeon General may, after consultation with the Advisory Council and with the approval of the Administrator, determine for any calendar year or part thereof that every individual entitled to general medical, general dental, or home-nursing benefit may be required by the physician, dentist, or nurse furnishing such benefit to pay a fee with respect to the first service or with respect to each service in a period of sickness or course of treatment. . . ."

The patient seeking dental benefits may be required to pay a fee for his "first service" or "each service" in a course of treatment.

Dental Benefits Restricted

SEC. 210. (b) "The Surgeon General, having regard for the adequacy of available personnel, may, after consultation with the Advisory Council and with the approval of the Administrator, determine for any calendar year or part thereof that general dental, special dental, or home-nursing benefit shall have such restricted content as the Surgeon General may determine: Provided, That on and after July 1, 1947, the restricted content of general dental or special dental benefit shall include at least (1) examination (including X-ray survey) and diagnosis; (2) prophylaxis; (3) extraction of teeth which are considered by the dentist and an attending physician to be or likely to be injurious to the general health of the individual; and (4) treatment of acute diseases of the teeth, their supporting structures, and adjacent parts, including fractures of the teeth or jaws. . . ."

Promised dental benefits are extremely limited in extent and vaguely described. For example, extractions are limited to teeth which a dentist AND a physician consider injurious to the general health of the individual. The phrase, "acute diseases of the teeth" is meaningless.

* * *

This bill is now before Congress. Have you told your Senators and Congressmen what you think of it?

HOTEL RESERVATIONS

for the Annual Meeting should be made through

DR. L. W. MICHAEL HUGHES

3202 Pittsfield Building

AND. 2422

AMERICAN DENTAL ASSOCIATION

222 East Superior Street, Chicago 11, Illinois - Whitehall 4462

TO STATE AND COMPONENT SOCIETY SECRETARIES

Gentlemen:

The National Red Cross and the American Dental Association have reached an improved working agreement, which has been officially approved by both parties.

The enclosed agreement which is being sent to all component societies of the American Dental Association extends the opportunities for dental participation in conjunction with other interested working groups in the event of such necessity, where catastrophies occur in any community.

In view of the national legislative trends any association which broadens the scope of dentistry's participation in local, state and national affairs, will eventually be beneficial to the interests of the dental profession.

Our profession will need many influential friends if the present national legislative program of health insurance is carried to completion according to the ideas of the proponents of this legislation.

Let us therefore take advantage of the opportunity this new American Dental Association and Red Cross agreement affords us, for more professional activity in our given communities.

Very truly yours,

(Signed) Geo. A. Coleman, *Chairman*

AMERICAN RED CROSS COMMITTEE

GAC:ON

CS-D

TO: Chapter Chairmen

FROM: The Manager

SUBJECT: Agreement Concerning the Cooperation of the American Dental Association with the American Red Cross in Disaster Relief.

Since 1938 the American Dental Association and the American Red Cross have cooperated in disaster relief operations in accordance with a formal agreement negotiated by the national heads of the two agencies. As of June 13, 1945, the original agreement with some slight revisions based upon the experience of the intervening years was confirmed and signed by Mr. Basil O'Connor, Chairman of the American National Red Cross and Dr. Walter H. Scherer, president of the American Dental Association.

Dental service of the following types may be required in a disaster relief operation:

1. Emergency dental care in large refugee centers.
2. Replacement or repair of plates and other artificial dental structures that have been lost or damaged in disaster.
3. Surgical treatment of fractured jaws and other injuries of the mouth.
4. Survey of dental conditions of refugees.

In the attached agreement it is recognized that participation of the dental profession in disaster relief operations is most effective when one or more accredited members of the local dental society have previously accepted membership on the disaster preparedness and relief committee of the Red Cross chapter and participated in the formulation of plans for effective action in time of disaster.

The American Dental Association is forwarding copies of the agreement to all of their local societies but it is desirable that you arrange for the chairman of your disaster preparedness and relief committee to take the initiative in securing representation from the local dental society if this has not already been done. The president of your state dental association will be glad to put you in touch with the head of the nearest local society or recommend individual dentists who might serve acceptably as members of your chapter committee.

MANAGER

Agreement Between the American Dental Association and the American National Red Cross

The purpose of this understanding is to develop a plan whereby the American Dental Association and its component state and district societies may coordinate their personnel and service facilities with the American Red Cross and its chapters in preparing for and dealing with disaster relief situations.

The American Dental Association through its constituent state and local societies has a membership of approximately sixty thousand (60,000) members situated in every state and county. It is, therefore, in an admirable position to make its facilities available to every Red Cross chapter, of which there is at least one in practically every county in the country.

Disaster relief experience shows that the professional services of dentists are needed frequently in disaster situations, therefore, the American Dental Association urges all its component dental societies to cooperate with local Red Cross chapters in accordance with this agreement.

Disaster Problems

Disasters are caused by floods, hurricanes, tornadoes, earthquakes, fires, explosions, and other cataclysms. Epidemics also present disaster problems.

The immediate needs in nearly every disaster, aside from rescue work, are food, shelter, clothing, medical, dental, nursing and hospital care, and safeguarding the health of the people in the disaster area. These are emergency problems. Rebuilding the homes and other rehabilitation problems are matters for later consideration; but the necessities with which to sustain life and health must be provided immediately and be continued until the critical period has passed. For practical purposes, therefore, disaster relief work is generally divided into an emergency and a rehabilitation period.

The emergency period may last only a few days or continue several weeks. Refugee quarters as a general rule are necessary in large disasters. They must be hurriedly set up in buildings or tents. Food must be provided through community kitchens or canteen service. Medical and dental care must be provided for those who are ill or injured and measures instituted for the protection of the health of the entire population of the affected area. The latter are not always limited to the emergency period, but may have to be continued indefinitely until all patients have fully recovered and the area is entirely rehabilitated.

Division of Responsibility

The American Red Cross, through its national and area offices, and through its local chapters, is organized to meet the emergency relief needs in all disasters. It is also prepared to assume the responsibility of rehabilitating individuals and families who because of lack of resources find it impossible or difficult to rehabilitate themselves. That includes medical and dental service as well as economic rehabilitation.

Red Cross assistance is based on need as determined by a careful individual family survey. It does not assist those who, even though their loss is great, are able to provide for their own needs. Neither does it assume responsibility for care of the existing ills in the community that have no relation to the disaster. The latter should be cared for through the regular service channels and not through the Red Cross Disaster Service.

The supervision of the public health of a disaster area is primarily the responsibility of the state and local health departments. The Red Cross is, however,

willing to assist them if such assistance is needed because of lack of funds or personnel to cope adequately with the situation.

Similarly the care of the sick and injured and the providing of dental services are primarily the responsibilities of the medical and dental professions. In most disasters the local physicians and dentists are entirely able to handle the situation without the assistance of outside personnel. If, however, they are not able to do so, the Red Cross stands ready to help by securing additional personnel and supplies, by assisting in the expansion of local hospitals and by organizing such facilities as are lacking and needed for the emergency. Major injuries that require special surgical treatment and skill not available in the affected community are referred to specially qualified medical or dental surgeons in larger neighboring cities.

Police and guard duty, fire department activities, condemnation of buildings, establishment and maintenance of morgues, removal of debris from streets and other public property, handling of salvage, and the repair and restoration of public property are functions of governmental units and are not undertaken by the Red Cross.

The Role of the Dentist in Times of Disaster

It is suggested that, in the development of local emergency relief committees at the community level, the potentialities of the professional training of the dentist be utilized to the fullest possible extent.

Services of a strictly dental nature in disasters are required for the following:

Emergency dental care, in large refugee centers—It is sometimes necessary to set up a dental chair, together with other equipment and facilities for extracting abscessed or badly decayed teeth, to give local treatments for the relief of pain and other emergency dental treatments. If there are only a few that need such treatments they are usually referred to local dentists' offices, by appointment, provided these offices are intact after the disasters. If there is a large number of such cases this work may be done to good advantage by setting up special equipment at camp. Chairs and equipment can usually be borrowed locally, or obtained quickly from a neighboring supply depot.

Replacement or repair of plates and other artificial dental STRUCTURES THAT HAVE BEEN LOST or damaged in the disaster—This service is usually required for only a comparatively few persons and can be provided to best advantage in the offices of the local dentists. Even if their offices are involved in the disasters and temporarily closed it is better policy to delay this work until their offices are reopened than attempt to provide temporary equipment at the refugee centers.

Surgical treatment of fractured jaws and other injuries of the mouth—This type of work can best be done in hospitals or in the dentist's office. Needless to say that this cannot be done successfully with emergency facilities at refugee centers.

Survey of dental conditions of refugees—An opportunity to examine and survey the dental conditions of refugees may present itself during an emergency and if practicable such information may be tabulated for future public health use.

Methods of Cooperation

The American Red Cross urges all of its chapters throughout the country to organize in advance so that they will be prepared when disaster strikes. Special committees are appointed for each activity such as providing emergency shelter, food, clothing, and medical care. Included in the membership of the committee on medical care should be one or more dentists whose duties will include:

a. Preparing general plans for dental activities in case of disaster, with the thought of utilizing the potentialities of the dentist's training.

b. Discussing the proposed plans with the local profession and listing personnel for the type of service they are best qualified to perform in disasters.
c. Listing the type of equipment and supplies needed.
d. Making inquiry as to the sources through which the equipment and supplies can be obtained quickly and recording this information for future reference. They should list all local and district dental supply depots and other possible sources.

When Disaster Strikes

When a disaster strikes, details of the program for dental care should be worked out as the type of dental service necessary will depend entirely on the nature and extent of the disaster and on whether or not refugee centers are opened to house refugees. This program should then be presented to the chairman of the medical committee for approval.

When the program has been agreed upon, the dentists should proceed promptly in organizing the work. They can help in obtaining equipment, supplies, and quarters in which to set up the dental unit; in arranging for dental service of refugee centers; selecting dentists or dental surgeons best qualified for the type of work needed, and in supervising and directing the dental program.

If a large number of refugees are housed in refugee centers it is suggested that local dentists organize to make a survey of mouth conditions of refugees. This work should not be done haphazardly but should be carefully planned and organized so that the results will give a true picture of dental conditions and needs. There must be uniformity in procedure by all dentists participating in the examinations. The dental record card must be simple and complete, and all defects carefully recorded. Such a survey would be very enlightening and should stimulate dental corrective work and interest in oral hygiene.

It is hoped that dentists will make their services available during the emergency period on a volunteer basis—possibly working on an hourly schedule. Where this is not possible one or more dentists may be employed by the Red Cross on a part or full-time basis.

In case of disaster, patients who are not in refugee centers but who are unable to pay, dentists should be prepared to give their services voluntarily but with materials paid for from the Red Cross relief fund. Where this is not possible by reason of the fact that a large amount of service has already been given voluntarily, compensation will be on a basis determined by the Red Cross director and the dentists in accordance with the family situation as indicated by the Red Cross investigation.

National and State Society Efforts

The American Dental Association through its components, the state associations, will urge local dental societies to contact immediately their local Red Cross chapters and offer to assist and accept apointment on the committee on medical and nursing aid in accordance with this agreement.

Copies of this agreement are being sent to all state and local dental societies and to all Red Cross chapters.

Signed .....

THE AMERICAN NATIONAL RED CROSS
by (signed) BASIL O'CONNOR,
Chairman.

Signed .....

AMERICAN DENTAL ASSOCIATION
by (signed) W. H. SCHERER,
President.

Members of the Illinois State Dental Society Who Have Been Released From Service as of March, 1946

G. V. Black

Buchmann, A. C.
Bunch, Wyles B.
Cannon, John T.
Carter, Theodore F.
Curren, Robert T.
Davis, Alvin
Donelan, John J., Jr.
Flatt, Francis L.
Forestner, John J., Jr.
Gerster, Anton
Grundler, Richard A.
Hamm, Robert N.
Hammond, Harold T.
Hodgson, Edward W.
Ketterer, John E.
Koratsky, Albert W.
Link, Joseph V.
McKenie, Thomas R.
Mansfield, Frank S.
Maxey, Harold G.
Mills, Ralph E.
Parcell, W. Alfred
Perkins, Roscoe
Swartz, Howard W.
Templin, Raymond Paul
Welsch, Charles C.
Young, William B., Jr.

Champaign-Danville

Albrecht, A. M.
Burner, Dee K.
Daily, Joseph W.
Geffert, Alvin D.
McGilligan, Stanley P.
McMillan, L. G.
Myers, Donald D.
Rebman, Lester W.
Riley, Medfred S.
Stoughton, Frank R.
Taylor, Mack
Zuber, Harry G.

Chicago

Abrams, Melvin L.
Ames, Charles J.
Ackerman, Harold E.
Addis, Nathan
Adler, Leo S.
Ahner, David J.
Alson, Axel R.
Aison, Emil Louis
Allison, Sam E.
Altern, A. H.
Ambrose, Joseph C.
Anderson, Chester F.
Anderson, Donald A.
Anderson, John A.
Anderson, Raymond F.
Anderson, Victor E.
Andreen, Carl O.
Archer, Evert A.
Arnstein, Samuel D.
Baker, Henry F.
Balin, Norman
Bara, James R.
Barker, Ray S.
Barnes, George F.
Barnhart, Fred P.
Bartkowiak, Edward A.
Bass, Paul
Baum, H. B.
Baum, Maurice
Baumgarth, Orrin G.
Becker, Stanley W.
Bell, O. A. Taylor
Bell, Paul M.
Belofsky, Armand
Belofsky, Edwin
Bendersky, Alex
Benson, Edward O.
Berger, David Z.
Bergmann, John C.
Berk, Dayton B.
Berkenstadt, Edward J.
Berkovsky, Arthur
Berman, Harry M.
Berman, Sol A.
Bernstein, Harry
Bernstein, Irving S.
Bernstein, Morris J.
Betty, James K.
Binotti, Evo J.
Blair, Frank
Blechman, Marvin
Block, Ben B.
Block, Jack S.
Block, Rudolph E.
Blume, Marshall E.
Blomgren, Bernard O.
Boehler, Carl B.
Boelens, Peter A.
Bolewicz, Casimir G.
Bomstad, Roland G.
Borgerding, Ernest H.
Boris, Henry L.
Bovik, Ellis
Braun, Leslie J.
Braun, Milton L.
Braun, W. E.
Brening, Robert H.
Brennan, John D.
Bresden, Thaddeus E.
Brewer, Charles W.
Bromboz, C. E.
Brooks, Robert W.
Brophy, Joseph T.
Brown, Maurice S.
Browning, Douglas H.
Buckley, Joseph B.
Bukowski, Chester S.
Bunta, Joseph D.
Burke, Richard J.
Burke, William F.
Burnell, Sol C.
Burrill, James H.
Butler, James A.
Butler, Leslie M.
Cameron, Caryl E.
Camino, Michael R.

Caprow, Peter G.
Carr, Almon F.
Carrane, William B.
Casey, Donald E.
Casey, Gerard J.
Cassidy, Thomas J.
Cesal, Fred J.
Chapin, Marvin E.
Charney, Milton P.
Chmiel, Edward J.
Chott, George R.
Christopher, F. Robert
Ciebien, Martin L.
Coebergh, Max J.
Coesfield, Oscar S.
Comroe, Joseph D.
Contrafatto, Samuel
Cooley, Lynn D.
Corn, Abraham J.
Corey, C. D.
Corrigan, John Charles
Costello, Maurice
Covington, George E.
Cruikshank, William R.
Curshan, Martin S.
Cutrera, Richard F.
Cvorak, Charles W.
Dahlberg, Albert A.
Davis, Wallace A.
Debski, Henry T.
Denneman, William F.
Denton, Robert M.
Deplewski, Matthew R.
Dessart, Paul C.
Deutschman, Vernon T.
DeWolf, Wm. H.
Dittmar, G. Walter, Jr.
Doner, Allen G.
Drummond, Harold A.
Dugas, Joseph M.
Duggan, Edward J.
Dullaghan, Owen T.
Duxler, Arthur M.
Dziubski, John W.
Elder, Thomas C.
Emanuelson, John Edward
Enck, Frank E.
Engel, Milton B.
Englert, George L.
Epstein, Harold H.
Evans, John S.
Ewald, E. L.
Ewan, George E.
Farmer, Gilbert J.
Farrell, Frank A.
Faul, Lawrence P.
Feeney, Hugh S.
Fein, Maurice
Fenzel, Frank W.
Ferencz, Albert
Fick, Albert F.
Filek, Lyle J.
Fireman, M. J.
Firnsin, Charles
Fisher, William T.
Flaxman, George D.
Fogt, Carl M.
Foley, Leonard V.
Fonjemie, Henry E.
Fortelka, George C.
Fox, Edwin W.
Freedman, George
Frese, Waldemar J.
Friedrich, Eduard G.
Frisch, Arnold A.
Frost, Charles A.
Fry, George W.
Funkey, M. Corwin
Gardner, Alvin F.
Gault, Howard H.
Gault, Irving G.
Gechman, Paul
Gelberd, Moses B.
Gelman, Irving S.
Gierat, Henry L.
Gigante, Leonard L.
Gimbel, Simon E.
Giraldi, August A.
Glaser, Bernard D.
Glavin, E. M.
Glick, Arthur L.
Goffen, Samuel V.
Goggin, Edward J.
Gold, James S.
Goldberg, Lester G.
Goldberg, Philip T.
Goldberg, Stanley S.
Goldring, Willard J.
Goldstein, Byron M.
Goldthorp, Elmer A.
Gomberg, Jack Boris
Gomberg, Joseph
Goodman, Sidney
Goodman, Sidney A.
Gordon, Jos. W.
Gordon, Wilbert G.

Goren, Sidney
Gornstein, H. C.
Gorsky, Ben H.
Grady, Stephen A.
Grebliunas, Vincent J.
Greenwald, J. L.
Grover, Floyd E.
Grysbeck, Joseph
Gubbins, Wm. R.
Gustavson, Herbert C.
Haberle, Herbert C.
Haebich, R. A.
Hannon, John Michael
Hanson, Arthur R.
Harelik, Norman
Harris, Alfred G.
Harris, James S.
Harris, Irvin T.
Harris, Stanley M.
Hattendorf, D. F.
Hauptman, Jack
Havelka, Rudolph
Hawkins, James F.
Hayes, Michael J.
Hedgcock, Sloan F.
Hejna, William
Heller, William F.
Hewitt, Arthur
Hicklin, Herbert H.
Hill, C. Elmer
Hill, Iden Naylor
Hinson, Jacob Y.
Hirschenbein, Irwin M.
Hofrichter, Joseph F.
Holic, Richard
Holmes, George A.
Holt, John W.
Holzman, Louis K.
Holzman, Sidney S.
Horn, Bernard
Horwitz, Henry
Howell, George H.
Hoyne, Edmond Leonard
Hudec, Ernest P.
Hudson, King C.
Hunter, John M.
Hurt, A. E.
Hurwich, Ezra I.
Iagmin, Peter Paul
Imber, Elmer M.
Irons, Charles G.
Iurillo, Samuel D.
Jacks, George S.
Jacobson, E. E.
Jaffe, Elmer T.
Janes, Lester L.
Jason, Alfred P.
Jerbi, Frank C.
Jirka, Arthur I.
Jirsa, Anton J.
Jochim, Carl M.
Joffee, Norman R.
Johnson, Franklin A.
Johnson, Howard M.
Johnson, Milburn H.
Juliussen, Mitchell G.
Jun, Joseph W.
Kaiser, William J.
Kamin, Alfred D.
Kaminski, M. V.
Kanser, Edward J.
Kanter, Samuel
Katz, Emanuel W.
Kazen, Harry H.
Keenan, James F.
Kelder, Herman P.
Kent, Robert C.
Kincaid, Clement J.
King, Alfred T.
King, Herbert L.
King, William A.
Kinsinger, Wayne J.
Kirts, Wesley M.
Kiwala, Edward J.
Kleczewski, John V.
Klein, A. D.
Klinge, Arthur H.
Knochel, Edwin C.
Knudtzon, Kermit F.
Koch, Robert Erwin
Kochanski, Lucien L.
Kolczak, Theodore M.
Kollar, John A.
Kopczynski, Henry J.
Korf, Stanley R.
Korngoot, Maurice H.
Kosel, Edwin C.
Kostrubala, Marion Frank
Kotovic, Joseph J.
Kowalski, Chester W.
Krain, Irving
Krashen, Avery S.
Krohn, Joseph
Kropidlowski, Alphonse L.
Krout, Sara G.
Krupka, Stanley R.

Kubik, Joseph Edward
Kuharich, Max, Jr.
Kunik, Paul J.
Kunka, Stephen Thomas
Kurth, LeRoy
Kurti, Bert
Kurtz, Maxwell
Kurtz, William H.
Lachmann, C. M.
Lachmann, Elmer O.
LaFond, Leon D.
LaFond, Raymond J.
Lahr, E. Glenn
Lambert, Roy J.
Lange, Harold A.
Lapp, Bernard C.
Larsen, Otto H.
Lassman, Arthur B.
Laswell, Donald L.
Lauren, B. S.
LaVere, Frank C.
Lees, Harry M.
Lehr, Max I.
Leib, Henry H.
Lemon, Donald C.
Lerner, Peter A.
Lestina, Joseph M.
Levin, Willard A.
Lewandowski, C. C.
Lewison, Bernard
Lewison, Marvin B.
Libbin, Samuel S.
Lieberman, Alvin
Linderoth, Nils E.
Lindholm, Eric R.
Lingen, George W.
Linkon, Jack J.
Lipsky, Sydney E.
Little, Charles E.
Litz, Bernard R.
Logue, J. R.
Lorange, Harry
Loritz, Ralph F.
Losoff, I.
Lourie, Lloyd S.
Ludes, George M.
Lynch, James N.
Lyznicki, Benjamin S.
McArthur, Charles L.
McCarthy, John F.
McDonald, Lyle F.
McDonald, Robert C.
McEwen, William L.
McGough, James W.
McIntosh, Stuart C.
McLaughlin, W. E.
McMahon, Joseph J.
Maas, Leroy F.
Macaluso, Alfred C.
Mackh, Frederick M.
MacLean, Grant A.
Madonia, Anthony V.
Maggio, Joseph M.
Magnuson, Spencer W.
Mahlke, Frederick W.
Manning, John L.
Marc, Arthur
Marcin, Hilary J.
Marks, Stanley Joseph
Mastrud, Albert F.
Maurice, Charles J.
Maurovich, Vincent J.
Mayer, George F.
Mayo, Wilbur Joseph
Mazanec, James A.
Melin, Morris M.
Mertes, Elmer M.
Meyer, George Edward
Meyer, Lester
Mikulas, L. Myron
Miller, Roy M.
Minch, Arthur
Mitchell, Edward C.
Molnar, Charles E.
Molt, F. F.
Mondo, Joseph G.
Moses, Norman L.
Mosk, Samuel L.
Mulholland, Robert T.
Mulvihill, Harold John
Munson, Monroe A.
Murrin, Frank H.
Murstig, Robert C.
Natonson, Milton S.
Neglia, Ross A.
Nehf, Harry J.
Ness, Charles D.
Nicastro, Alfonso W.
Nordlie, Arndt B.
Norton, Joseph A.
Nowak, Edmund Thomas
Oakdale, Roy
O'Connor, Charles D.
O'Grady, Francis J.
Olafsson, John H.
Olech, Roy A.

Olenick, Mordecai
Olsen, Weston O.
Olson, Norman R.
Onak, William E.
Oplatka, Ernest
Osajda, Chester
Osusky, Stefan
Pacocha, Edmund S.
Pagel, Albert F.
Papsdorf, Paul G.
Parowski, Stanley J.
Passarelli, John A.
Patnaude, Ellidore D.
Pauly, Michael H.
Pearce, Dayton
Pearl, Albert
Pearson, Glen O.
Pedersen, Axel L.
Pearlman, Bernard
Perlman, Samuel
Peszynski, Allen
Peterson, Kelsey C.
Phillips, Jack W.
Piekos, Jerome Martin
Pitluck, Harry H.
Pogirski, Henry H.
Pollack, Gordon R.
Pollack, Sidney S.
Pomernacki, Charles L.
Pond, Robert C.
Poronsky, John A.
Price, Simon
Prochaska, Gerald
Quinn, John P.
Rabin, Bernard I.
Rago, Frank
Raynes, David J.
Raphael, Theodore
Rea, John A.
Reid, Martin T.
Renfroe, Earl W.
Resnick, Edward G.
Resnik, Irving N.
Richardson, George H.
Ringa, Edwin C.
Ringland, R. R.
Rix, James T.
Robertson, Howard M.
Robin, Albert
Rooney, Thomas A.
Rosenberg, Henry M.
Rosenberg, Samuel Y.
Rossa, Joseph J.
Rousar, Walter
Rubenstein, Isadore
Rubin, Robert R.
Rusch, Frederick A.
Ryan, Albert J.
Rybacek, James J.
Rywniak, Chester R.
Sahlstrom, Edward C.
Sakowski, Thaddeus P.
Salisbury, Paul C.
Salzberg, Leonard B.
Sammons, Fred S.
Sanders, Kenneth F.
Saposnik, Joseph I.
Sarsoun, Charles
Scanlan, Edmund J.
Scanlan, Thomas James
Schell, Walter
Scher, Robert M.
Schoen, Philip F.
Schultz, Brethold F.
Schultze, Louis
Schultz, William A. E.
Schwartz, Maurice B.
Scranton, Richard V.
Seifer, Henry H.
Sereda, Walter J.
Severn, Thomas
Shanoff, Harry S.
Shapiro, Edward
Shapiro, Max
Sharpe, Kenneth P.
Shearon, Kenneth E.
Schechtman, Charles I.
Sherman, Martin R.
Sherman, Samuel H.
Sherry, Edmund W.
Sherwin, Leonard
Shimandle, Leonard T.
Shissler, Everett E.
Shrago, Richard
Siedlinski, Valentine E.
Silberhorn, John W.
Simonek, Leo G.
Sinard, Charles A.
Skupa, Arthur J.
Skwiot, Phil A.
Smith, Manuel
Smith, Russell F.
Smith, Solomon I.
Snyder, Robert
Sobon, Mitchell S.
Soffel, Quintin I.

Sondell, Milton J.
Sorenson, V. B.
Sorley, Melford S.
Spera, Frank X., Jr.
Spooner, Bruce A.
Spooner, Grant R.
Sproc, Edwin C.
Starsiak, Wm. J.
Steele, Deane K.
Steinman, Bernard J.
Steketee, Abraham
Stern, Leon M.
Stillerman, Jack I.
Stillerman, Joseph J.
Stockton, Roger K.
Stokoe, James S.
Stoppel, Wm. J.
Stovitz, Louis B.
Stransky, Irving M.
Strom, Maurice
Stroup, Clyde Leroy
Stuart, Carroll W.
Stucky, Herman D.
Sturdavant, James F.
Stuteville, O. H.
Sukala, Henry J.
Sullivan, Edward J.
Sulser, Glenn F.
Swantek, Joseph R.
Swanson, Adrian
Swoiskin, B. Leo
Szczepanski, Edward J.
Tanis, Albert J.
Tener, William C.
Tessler, Arthur D.
Tetrev, Richard M.
Tharp, Robert J.
Thorsen, Arnold M. H.
Thorsen, Raymond J.
Tiberi, Silvio J.
Tockman, Irving S.
Topper, Marvin
Townsend, Gerald W.
Trace, Lester
Traxler, Milton D.
Trick, Wilbur A.
Tuck, Robert F.
Tuomey, Thomas W.
Turek, Albert L.
Ulvestad, George E.
Van Note, Leroy J.
Varebrook, Elwood M.
Vision, Charles S., Jr.
Vitek, Michael
Vlazny, Adalbert L.
Vocat, Joseph A.
Vonesh, Edward F.
Wachowski, Chester S.
Wagmeister, Maurice S.
Wagner, Otto C.
Walczyk, Romauld J.
Walden, Glen M.
Wallace, Seward C.
Walters, William R.
Waska, Romaine J.
Waud, Delbert O.
Weinshenker, Toby
Weintraub, Harry L.
Weisfeld, Joseph J.
Weiss, Carlisle
Weller, George R.
Wener, Isadore S.
Werch, Samuel D.
Wilkinson, Herbert M.
Williams, Ned Blanchard
Winquist, Dorus L.
Wistain, Lincoln O.
Wittert, Victor
Wojahn, William T.
Wunderlich, Edward H.
Yager, Francis M.
Yellin, Bernard
Yocum, Donald R.
Zapolsky, Sam
Zieff, J. L.
Ziolkowski, Joseph
Zipprich, Walter F.
Zopel, V. E.
Zullo, Peter W.

Decatur

Grissom, W. S.
Hacker, William H.
Morrison, John K.
Quackenbush, C. L.
Stiles, Austin C.
Waggoner, Parke H.

Eastern Illinois

Brickman, Isidore Wm.
Brown, Eulin L.
Davidson, Kenneth D.
Dixon, Ralph H.
Glenn, Herbert H.

Gresens, Henry L.
Koepke, L. E.
McMeekan, Thomas E.
Phillips, John A.
Podesta, William

Fox River Valley

Ackemann, W. H.
Butler, M. A.
Foster, Victor C.
Gannon, Franklin Elvin
Hennis, Harry W.
Herrick, Howard R.
Houdek, Norbert J.
Keiser, Paul Edmund
McEwen, Lorin B.
Murphy, Lawrence B.
Newman, Russell E.
Rea, Victor Spalding
Thiel, Bernard F.
Thiel, Charles W.

T. L. Gilmer

Dormire, R. B.
Gordon, Robert M.
Grimes, Kenneth I.
Haller, Karl W.
Myers, LaVerne
Ownby, Thomas J.
Thurman, Edward C.
Wait, Myron B.

Kankakee

Allen, William E.
Danforth, Harry D.
Holley, Zeland R.
Kelly, Leonard M.
Lind, Richard T.
Wilson, Donald P.

Knox

Euard, Francis M.
Fell, R. H.
Urban, Albert O.

LaSalle

Black, Hugh E.
Boyer, Robert
Ciocca, Harry F.
Hoxsey, Floyd L.
Libby, Ralph M.
Nichols, Ray M.

McLean

Bowen, Robert
Carter, Russel L.
Fitz, G. Herbert
Green, Carl L.
McKean, Samuel H.
Moore, Thomas J.
Schafer, Claron C.
Stewardson, Dale B.
Ten Eyck, Lynn
Upton, Everett L.
Workman, H. R.

Madison

Behrens, C. W.
Behrens, Fred A.
Botterbush, W. G.
Coleman, Leo M.
Fink, Leroy M.
Geroff, Vladmir Kursto
Giese, Feste Edward
Hemphill, Charles J.
Hill, Maurice R.
Kaiser, Elmer G.
Klueg, Bernard H.
Kraft, William Edwin
Lyon, Douglas M.
McBrien, Fred
McBrien, James A.
Maley, Paul A.
Maupin, Ira T.
Murphy, Joseph A.
Patterson, Victor T.
Ricks, Kenneth R.
Ritter, P. A.
Roberson, G. V.
Wayne, Marshall F.
Widger, Floyd E.

Northwest

Donahue, J. A.
Ferguson, Theodore R.
Griffo, Peter P.
Holmes, Harold H.

Runde, Francis H.
Schriver, Rhinehart B.
Strohacker, Robert D.

Peoria

Albaugh, Jacob L.
Baldwin, Mark R.
Becherer, Clifford K.
Bloom, Max K.
Boyles, Dwight E.
Brader, Robert E.
Burke, Russell J.
Carlin, Leo Francis
Clopper, Paul W.
Corbett, J. L.
Curtis, Loren Wm.
Dausmann, William J.
Edmonson, K. C.
Elson, James M.
Fraser, Dean H.
Gullett, Wm. Irwin
Hartz, Wilson H.
Herman, Joseph F.
Lindbergh, Wallace F.
Lynch, Louis A.
Mitchell, W. F.
Peters, Wallace
Powers, John R.
Readel, Harold H.
Sandy, Guy L.
Smith, Dudley G.
Stern, E. V.
Summer, Harry J.
Tankersley, Charles L.
Tinthoff, L. F.
Ulrich, Allen K.
Ulrich, W. D.
Watson, Karl J.
Wood, Arthur C.

Rock Island

Helpenstell, Fred M.
Johnson, J. C.
Johnson, Kenneth R.
Krueger, Arnold
Lovitt, Jerome
Marquis, Donald T.
Myers, John S.
Ortman, Charles F.
Ortman, Clarence H.
Steck, Benn A.

St. Clair

Arms, J. L.
Ausbrook, E. K.
Baltz, Wilson M.
Beske, Arthur H.
Bischoff, L. A.
Eversgerd, Valerian H.
Flannery, Vincent W.
Freivogel, Karl W.
Havey, Cyril T.
Holdener, Vincent C.
Kurz, Charles
McConnell, Justin P.
Millard, Earl F.
Murphy, James A.
Potts, Harry D.
Robertson, Donald R.
Schilling, A. D.
Schroeder, Fred W.
Susewind, Simon W.
Trappe, Charles H.

Southern Illinois

Burge, James N.
Carlton, M. W.
Chamnes, Leo
Dudley, G. E.
Dunn, Emmett R.
Elder, Charles Wesley
Fry, D. H.
Fry, John Ralph
Funkhauser, G. Bernard
Goodall, Henry A.
Kane, Ralph L.
Koons, Crandall I.
Ozburn, Glenn W.
Seibert, Warren E.
Siegel, Theodore
Vessell, James Haskell
Winfree, C. R.

Wabash River

Armstrong, Russell H.
Brown, J. Wm.
Campbell, Frank P.
Griffy, Byrl W.
Hallam, Lloyd J.
McDonald, Edward J.
Montgomery, Orrin R.
Ronalds, Joe G.

Starr, G. H., Jr.
Winter, Henry E.

Warren

Elder, Paul Wilson

Whiteside-Lee

Behrens, Lee O.
Ferguson, Everett W.
Gronner, Curt J.
Winder, Jack T.
Worsley, Raymond E.

Will-Grundy

Cohenour, E. Charles
Embleton, Charles
Graham, F. Wayne, Jr.
Lang, Charles L.
Pokorney, Joseph W.
Preston, Willard M.
Rock, Robert J.

Winnebago

Ferkel, Louis
Grandstaff, C. Harry
Henkin, Maurice L.
Hogan, Daniel W.
Karceski, Harry A.
Olson, Allen N.
Oren, Samuel A.
Powrie, Donald E.
Reidl, Donald E.
Schroeder, N. J.

DENTAL SERVICES AT MAYO

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half of the flask is positioned, vibrated full of stone, and the cover placed. When the two halves are separated, a die and counterdie are the result.

Now a pattern of tissue paper is made on the model slightly smaller than the plate outline to partially allow for stretching or flow of the metal in swaging and pressing. This pattern is outlined on the tantalum and cut out with a tin shears. Before the pressing is done, some contouring with pliers and small hammer on a concave plate is necessary as swaging over a convex die may cause wrinkles or folds to appear in the plate which are difficult to remove. This preliminary contouring finished, the plate is laid in its correct position on the die which has been covered with a sheet of rubber dam material. Over this is placed another sheet of rubber dam and the counterdie brought to place. The rubber dam prevents scratching of the plate, injury to the stone dies and allows free flow of the metal when swaging pressure is applied. The swaging of the plate is accomplished in a pneumatic press capable of exerting great pressure. This swaging should be done in successive degrees with continued adjustment by instrumentation to prevent wrinkles and trimming to keep the plate within the die and counterdie area.

Upon completion of the swaging, the plate is placed on the master model and the position of the attachment and central perforations ascertained. These are drilled with a steel drill of the correct size. The rough edges are now finished down with an abrasive rubber wheel and the plate tagged with the case number and patient's name.

Owing to the variations in the thickness of the musculature and tissue of the scalp, there may have to be some slight adjustments made at the operating table but these are not time consuming.

As may be seen from this one short description, the dental department of an Army general hospital has some interesting nondental services to render along with its dental services. The dental department has made itself an invaluable aid in the total picture of rehabilitating the hospitalized Army patient.

CURRENT NEWS AND COMMENT

ILLINOIS ANNOUNCES REFRESHER COURSE

The University of Illinois announces that a twelve-week General Refresher or Postgraduate Course will be given at the University of Illinois College of Dentistry for the period beginning May 1st. This is the first of a series of postgraduate courses which we are enabled to offer with the aid of a grant from W. K. Kellogg Foundation.

The course is designed primarily for returning veterans whose dental practice in the Army was limited to certain phases of dentistry and who wish to obtain a short but intensive training in the principal fields of dentistry with special emphasis on the latest clinical and therapeutic advances. This course will be particularly valuable for dental officers whose undergraduate training was shortened by the accelerated wartime schedule and for those who are planning to continue in advanced training in special clinical fields after the completion of the refresher course.

Provision will be made for rotating instruction through the clinical fields. The curriculum will include didactic and clinical instruction in operative dentistry, crown and bridge, full and partial dentures, root-canal therapy, periodontia, children's dentistry and oral surgery. In addition, the recent biologic and medical advances of dentistry will be presented in a basic course of lectures and seminars by authorities in their particular fields. This will include a consideration of chemotherapy, oral bacteriology fluoride therapy, diet and nutrition, oral diagnosis and correlated fields.

Registration will be limited to twenty-four men. Veteran dental officers will be given preference but civilian dentists are eligible. The registration date it April 30. Tuition fee is $75.00 for residents of the State of Illinois, $150.00 for non-residents. This course comes under the provisions of the G.I. Bill of Rights. Veterans, if on terminal leave or already separated from the Service, must present their "Certificate of Eligibility and Entitlement" from the Veterans' Administration when they register.

Applications for this course will be considered in the order in which they are received.

NORTHWESTERN DENTAL SCHOOL RECEIVES GRANT

Northwestern University has received a grant of $120,000 from the Colgate-Palmolive-Peet Company for dental research, it was announced recently.

The grant was made to the Dental School "to advance the knowledge of dental caries, its causes, and to aid in its prevention." The work will be under the direction of Dr. Leonard S. Fosdick, professor of chemistry, in the Dental School. Dr. Fosdick states that the grant will be used in a two or three-year study to be undertaken soon of oral hygiene procedures in relation to tooth decay.

NEW PAMPHLET ISSUED BY A.D.A.

A new pamphlet entitled, "Blue Print for Dental Health," in which the compulsory health insurance system proposed by the Wagner-Murray-Dingell bill is compared with the national dental health program of the American Dental Association, is now being distributed free to members of the profession and the general public.

Issuance of the pamphlet, prepared by the Bureau of Public Relations staff, was timed with the opening of public hearings on the Wagner-Murray-Dingell

bill before the Senate Committee on Education and Labor, at Washington, D. C. The pamphlet lists several of the major objections of dentistry to the Wagner compulsory health insurance scheme and the advantages of the A.D.A. legislative program. The pamphlet also includes a verbatim presentation of Principles adopted by the House of Delegates of the American Dental Association.

Every member of the profession should obtain copies of the pamphlet for his friends and patients. Distribution is being made through State and Component Society secretaries. Additional copies may be secured, without charge, from the Bureau of Public Relations, American Dental Association, 222 East Superior Street, Chicago 11, Illinois.

KELLOGG GRANT AIDS U. OF ILLINOIS

A $50,000 grant from the W. K. Kellogg Foundation of Battle Creek, Mich., will aid the University of Illinois in setting up a three year program of postgraduate training for dentists, primarily those just returning from military service.

Receipt of the Kellogg funds was announced here today by Dr. Allan G. Brodie, acting dean of the University's College of Dentistry.

Beginning May 1 the College of Dentistry, located on the University's Chicago campus, will offer a series of three-month general refresher courses covering the entire field of clinical and pre-clinical dentistry and significant advances of the war years. Provision will be made for those who complete the general refresher course to continue in one of the dental specialties if they so desire.

The initial courses will be especially designed for, but not limited to, returning veteran dental officers who went directly from school into the armed forces. As the program develops, Dean Brodie says, it is hoped that other courses will be developed to suit the growing needs of the dental profession for continuing education.

While the Kellogg grant will extend only over a three year period, the university plans to continue the postgraduate program with its own funds after that time.

The Kellogg money will be used primarily to augment the teaching staff of the College of Dentistry for the expanded program. For veterans enrolling in the postgraduate courses the G. I. Bill of Rights will adequately cover the fees.

While the University has given some postgraduate instruction for dentists in the past, this is the first formal program to be undertaken by the institution in this field.

The University's College of Medicine, operating under a Kellogg grant of $90,000, has been offering similar instruction in medicine for four months and has given training to nearly a hundred veterans. This program will be continued indefinitely as needed.

PENNSYLVANIA OFFERS POSTGRADUATE COURSE

A two weeks' postgraduate course in Endodontia will be given at the school of dentistry, University of Pennsylvania, during the weeks of May 3-10 and May 13-17 inclusive. A detailed schedule of the course may be received from the school.

COL. L. SMITH TO ASSIST SURGEON GENERAL

The Senate on March 8 confirmed the nomination of Col. Thomas Lovet Smith, DC, USA, to be assistant to the Surgeon General with the rank of brigadier general for a period of four years. General Smith, a graduate of the Southern Dental College, in Georgia, was born in Alabama in 1891. He entered the Army as a Dental Surgeon in 1916. General Smith was graduated from the Army Dental School in 1929 and from the Medical Field Service School the same year. For his work as Theater Dental Surgeon in the European Theatre of Operations, General Smith was awarded the Legion of Merit.

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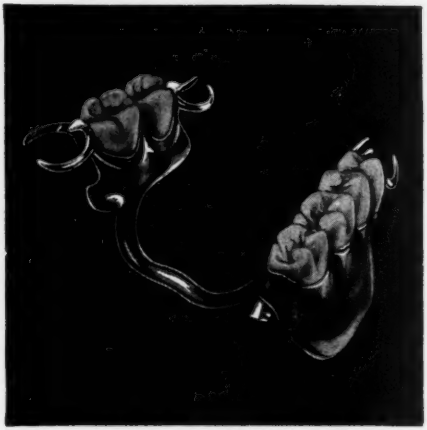

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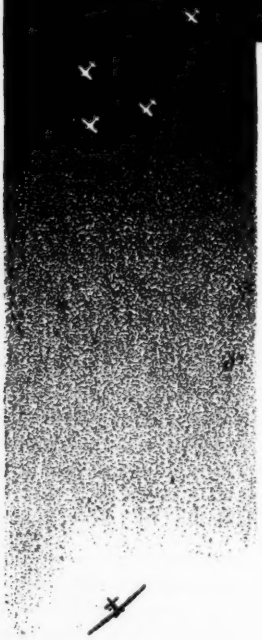

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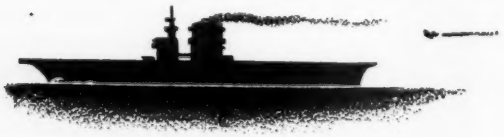

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